



# Norman Regional

## HEALTH FOUNDATION

### SCHOLARSHIP GUIDELINES

P.O. Box 1665 \* Norman, OK 73070  
(405) 307-1077

The Norman Regional Health Foundation awards scholarships annually to students enrolled in a health care curriculum based on scholarship and financial need. Priority will be given to areas of greatest need of the health system. These scholarships are intended to assist all levels of students, in the attainment of a degree or certification in a health care field based on hospital need.

1. College students who are accepted into in a health care related curriculum (example: students who have been accepted into the BSN program ARE eligible, students working on their prerequisite courses ARE NOT eligible)
2. Career Tech students seeking to complete a program in a health care related field
3. Bachelor of Science graduates seeking post graduate degree in a health care related field (example: if you are enrolled in a pre-med program, you are not eligible)

Note: Until you are actually in the Healthcare portion of your studies, you are not eligible for this scholarship. If you have any questions or need clarification on eligibility, please call the Foundation Office.

The terms and conditions of the scholarship are as follows:

1. Scholarships range from a minimum of \$250.00 to a maximum of \$4,000 per year. If granted 2 semesters, a check for the second semester is contingent upon receipt of 2.5 Grade Point Average (GPA).
2. Applicants must reside or work in the Norman Regional Health System service area (which includes Cleveland, Garvin, McClain or Grady counties) and have done so for at least one (1) year.
3. **Candidates must be accepted and show proof of enrollment at an accredited technology center, community college or degree granting college** and take at least 12 credit hours or equivalent. Consideration will be given for fewer credit hours provided the student is employed full time. Students employed full time will be required to carry a minimum of 6 hours.
4. Candidates must submit a **legible transcript** from an approved school. A minimum of 2.5 overall GPA must be maintained to be considered.
5. Candidates must attach a short letter including:
  - **Statement of your reason for applying**
  - **Financial Need**
  - **Your plans for the future**
  - **Where you see yourself geographically after completion of the program**
6. Candidates must submit the completed scholarship application to the Norman Regional Health Foundation office by **April 22, 2011**.
7. The selection process will take place during the first week of May. Finalists will be notified by phone, all others by mail. The finalists will be interviewed on the afternoon of **May 13, 2011**. (This is a required part of the application process for finalists, please keep this date available.) The successful applicants will be notified within the week following. Scholarship recipients will be recognized and have a group photo taken at the Foundation Board meeting on Tuesday, **July 26, 2011**.





Norman Regional  
HEALTH FOUNDATION

**NORMAN REGIONAL HEALTH FOUNDATION  
BETTY SMITH MEMORIAL NURSING SCHOLARSHIP**

P.O. Box 1665 □ Norman, OK 73070  
(405) 307-1077

The Betty Smith Memorial Nursing Scholarship was established in memory of Betty Smith, a dedicated LPN who worked at Norman Regional Hospital from 1983 until her untimely death in a plane crash in 1995. Betty Smith was an inspiration to all who knew her. She was the epitome of a nurse: caring, compassionate and dedicated. Betty was an exceptional role model for the profession of nursing that she loved so well. To honor Betty, her colleagues, friends and family established the Betty Smith Memorial Nursing Scholarship Fund for those who wish to follow in Betty's footsteps and practice her beloved nursing.

The terms and conditions of the scholarship are as follows:

1. Applicants must meet criteria in one of the following four categories:
  - An L.P.N. who is seeking an associate degree or bachelor's degree in nursing.
  - Diploma or Associate degree nurses seeking a Bachelor of Science degree in nursing.
  - Upper class college students (in the 3rd or 4th year) who have declared their major in nursing.
  - Bachelor of Science nursing students seeking a Masters degree in nursing or a related field.
2. Annual scholarships of \$250.00 will be awarded.
3. **Applicants must be employed at Norman Regional Health System.**
4. Candidates must be accepted and enrolled at an accredited junior college or degree granting college and taking at least 12 credit hours. Consideration will be given for less credit hours provided the student is employed full time. Students employed full time will be required to carry a minimum of 6 hours.
5. Candidates must submit a legible transcript from an approved school and a letter detailing the need for financial assistance. A minimum of 2.5 overall grade point average must be maintained to be considered.
6. Completed scholarship application, letter of introduction and transcript must be returned to the Foundation office by Monday, **April 22, 2011.**

Criteria for judging candidates is based primarily on grades and financial need.

**NORMAN REGIONAL HEALTH FOUNDATION SCHOLARSHIP  
 BETTY SMITH MEMORIAL NURSING SCHOLARSHIP 2011-2012**

**Instructions**

- Complete and return this form to the office of Norman Regional Health Foundation, P.O. Box 1665, Norman, OK 73070
- Include a letter of introduction stating your reason for applying for this specific scholarship.
- Provide a legible copy of your most current transcript
- Submit the completed application by **April 22, 2011**

**Personal Data**

Name:	Date of Birth:	
Address:	Phone:	
City:	State:	Zip:
Years/Months at this address?	Citizenship (name country):	
You must work at Norman Regional Health System to receive this scholarship. Please list the Dept and campus where you work:		
What School are you currently attending?	Classification:	
Dates of attendance?	What School will you be attending in the fall?	
Have you applied to a health care related program? ( ) Yes ( ) No      Have you received an acceptance letter to the program? ( ) Yes ( ) No		
Is it an accelerated program ( ) Yes ( ) No      Please specify: ( ) Yearly program ( ) Semester Program ( ) Quarterly Program		
What degree or certification do you plan to obtain?	When?	
How did you hear about this Scholarship?		

**Financial Data**

How many hours will you carry per semester?		
Are you receiving other grants, scholarships or financial aid? ( ) Yes ( ) No      Source and amount:		
Have you received a NRH Foundation Scholarship before? ( ) Yes ( ) No	Year?	Amt. \$
As an employee at NRHS, do you work -( ) full-time OR ( ) part-time?      Hours worked weekly?		
List estimated costs for the upcoming year, including tuition, books, room and board:		

Are others dependent on you financially? ( ) Yes ( ) No	If so, who and how much financial assistance do you provide?

**Activities**

Please list volunteer health care related and/or community activities:



# Norman Regional HEALTH FOUNDATION

**NORMAN REGIONAL HEALTH FOUNDATION  
DANA WENTHOLD MEMORIAL NURSING SCHOLARSHIP  
P.O. Box 1665 \* Norman, OK 73070  
(405) 307-1077**

The Dana Wenthold Memorial Nursing Scholarship was established in memory of Dana Wenthold, an obstetrical nurse. She worked at Norman Regional Hospital from 1988 to until her tragic and untimely death in 2002. As an OB nurse Dana was devoted to her patients, co-workers, and physicians. She worked tirelessly for the Family Birth Center and was proud to be a member of that team. To carry on her legacy and honor her memory, a fund was established to assist in the education of other dedicated nurses. Dana believed in life-long learning and loved the specialty of obstetrical nursing.

The terms and conditions of the scholarship are as follows:

1. Scholarship is for \$500.00.
2. Candidates must be a NRHS employee of the Family Birth Center, Nursery/NICU or Women's Surgery departments.
3. Applicants must meet criteria in one of the following four categories:
  - An L.P.N. who is seeking an associate degree or bachelor's degree in nursing.
  - Diploma or Associate degree nurses seeking a Bachelor of Science degree in nursing.
  - Upper class college students (in the 3rd or 4th year) who have declared their major in nursing.
  - Bachelor of Science nursing students seeking a Masters degree in nursing or a related field.
4. Candidates must be accepted and enrolled at an accredited junior college or degree granting college.
5. Candidates must submit a legible transcript from an approved school and a letter detailing the need for financial assistance. A minimum of 2.5 overall grade point average must be maintained to be considered.
6. Completed scholarship application, letter and transcript must be returned to the Foundation/Development office by **April 22, 2011**.

Criteria for judging candidates is based primarily on grades and financial need.

**NORMAN REGIONAL HEALTH FOUNDATION SCHOLARSHIP  
DANA WENTHOLD MEMORIAL NURSING SCHOLARSHIP 2011-2012**

**Instructions**

- Complete and return this form to the office of Norman Regional Health Foundation, P.O. Box 1665, Norman, OK 73070
- Include a letter of introduction stating your reason for applying for financial assistance and your plans after graduation. **Be specific regarding your financial need.**
- Provide a legible copy of your most current transcript
- Submit the completed application by **April 22, 2011**

**Personal Data**

Name:	Date of Birth:	
Address:	Phone:	
City:	State:	Zip:
Years/Months at this address?	Citizenship (name country):	
I work in the ( ) Family Birth Center ( ) Nursery/NICU ( ) Women's Surgery Department		
What School are you currently attending?	Classification:	
Dates of attendance?	What School will you be attending in the fall?	
Have you applied to a program? ( ) Yes ( ) No	Have you received an acceptance letter to the program? ( ) Yes ( ) No	
Is it an accelerated program? ( ) Yes ( ) No	Please specify: ( ) Yearly program ( ) Semester Program ( ) Quarterly Program	
What degree or certification do you plan to obtain?	When?	
How did you hear about this Scholarship?		

**Financial Data**

How many hours will you carry per semester?		
Are you receiving other grants, scholarships or financial aid? ( ) Yes ( ) No Source and amount:		
Have you received a NRH Foundation Scholarship before? ( ) Yes ( ) No	Year?	Amt. \$
As an employee at NRHS, do you work: ( ) full-time OR ( ) part-time Hours worked weekly?		
List estimated costs for the upcoming year, including tuition, books, room and board:		
Are others dependent on you financially? ( ) Yes ( ) No If so, who and how much financial assistance do you provide?		

**Activities**

Please list volunteer health care related and/or community activities:		