UF Health Leesburg Hospital
Team Member Nursing Career Scholarship Program
Sponsored by the UF Health Leesburg Hospital Foundation
Funded by the Mildred Meinhart Rast Endowment

Scholarship Fundamentals
Scholarships may be available for UF Health Leesburg Hospital Team Members seeking a Change of Career in Nursing, entering a nursing program, upgrading to higher level or degree, full or part time at an accredited school of nursing. Requirements for application and selection are as follows:

- Applications will be available through the UF Health Leesburg Hospital Foundation and team members will be notified of this opportunity from January 1st through April 1st of each year.
- Applicants must be on a tract to achieve Registered Nursing status, BSN, MSN, or Specialist and accepted at an accredited institution in a nursing program.
- Applicants will be screened by a committee designed by the UF Health Leesburg Foundation Board of Directors. Awards will be considered based on funding available in the Endowment account as determined by the UF Health Leesburg Foundation Finance Committee.
- Recipients will be selected on their commitment to a career in nursing, be in good standing with the organization verified by HR, workplace ethic and community involvement/volunteering, among other criteria developed by the committee. Letters of reference are highly encouraged.
- Scholarship funds will be deposited at the chosen school to the credit of the recipient.
- Recipients must maintain a 2.0 or C average during the term of their scholarship or return the scholarship funds to the UF Health Leesburg Foundation and may be asked to provide periodic proof of attendance and grades.
- Any returned unused funds will be re-deposited in the Endowment account.
- Recipients may apply for a second-year scholarship providing he/she continues to meet the criteria as required.
- Recipients must agree to function in a nursing position capacity at UF Health Leesburg Hospital for a period of 1 year post-graduation or completion of scholarship term.

Selection Procedure
- Applications Must Be Completed In Full with all required documentation for consideration.
- Applicants will be responsible for expressing intentions to apply for the scholarship and return all necessary paperwork to the Foundation before stated deadline. All decisions by the committee are final.

Financial Scholarship Award
- The Applicant shall receive a maximum of $2,500 to be used towards tuition, fees and required books (Paper or Digital) as stipulated by his/her educational facility.
- A team member, who is a recipient one year and is in good academic standing, will receive first consideration for continued funding for a second year if the team member reapplys. The maximum additional scholarship award shall be $2,500.
UF Health Leesburg Hospital
Team Member Nursing Career Scholarship
Sponsored by the UF Health Leesburg Hospital Foundation
Fundied by the Mildred Meinhart Rast Endowment

SCHOLARSHIP APPLICATION
This information/application is also available via US Mail or Email request to:
UFHealthLeesburgFoundation@centflhealth.org

FOR OUR CONTACT INFORMATION:

NAME OF APPLICANT: _____________________________________________
Employee ID#: _________________________________________________
HOME ADDRESS: ________________________________________________
CITY: __________________________________________________________
ZIP CODE: _______________________________________________________
PHONE NUMBER: ________________________________________________
CELL NUMBER: ___________________________________________________
EMAIL ADDRESS: ________________________________________________
(Email will not be published – for communication purposes only)
CURRENT DEPT.: _______________________________________________
POSITION: _______________________________________________________ 
YEARS EMPLOYED: _______ FT__ PT__ PRN/Pool__

What degree or training program are you pursuing? (circle)

RN   BSN   MSN   SPECIALIST______________________________

What school are you planning to attend? _______________________________________

Have you applied for admission? Yes / No  Have you been accepted into the program? Yes / No
(Please circle) If no, when will you know if you have been accepted?

________________________________________________________________________
Have you applied for other funding? Please explain:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Goals & Plans: Brief explanation of why you are changing careers and why you are entering a new nursing program:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Will you be a full time ____ or part time _____ student?

Scholarship Purpose/Need: Brief explanation of why you are requesting this scholarship:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Volunteerism: Please describe your community involvement activities. Type, when, volunteer hours and attached any documentation.

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________
Awards, Recognitions: Describe any special recognition or awards you have received as an employee or from community activities:

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Any additional information you would like the selection committee to know to help them in their selection:

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

1. Up to five additional pages of documentation will be accepted – Letters of recommendation from your supervisor and/or community leaders are requested. To ensure that the selection committee’s packets are complete before they are reviewed, please submit all documentation at the same time.

Applicant’s Signature: ___________________________ Date: ______________

Deadline: April 1, 2021

Please return to: Erica Lebo, Exec. Director/Foundation President
UF Health Leesburg Foundation
701 N. Palmetto Street, Suite G
Leesburg, FL 34748
Phone: 352-323-5501
elebo@centflhealth.org

Note: Please read and sign page 4.
Scholarship Acknowledgement and Agreement

By accepting this scholarship, the applicant also acknowledges they have the responsibility to serve as an ambassador for the UF Health Leesburg Hospital Foundation at various events on an as-needed basis.

I have read and agree with the Scholarship Program criteria as outlined and I agree to fulfill the employment obligation to UF Health Leesburg Hospital upon satisfactory completion of my course of study. If unable to complete my service obligation for any reason, I may be required to reimburse the percentage of my financial assistance equal to the percentage of time remaining in the work agreement.

Signature: ____________________________________________________ Date: ______________________

The UF Health Leesburg Hospital Foundation agrees to provide prospective financial assistance in return for service agreement as defined in the Scholarship Program criteria.

________________________________________________

Date: ______________________

Foundation Executive Director/President

________________________________________________

Date: ______________________

Scholarship Committee Representative