**Orange City Area Health Foundation Nursing Scholarship**

***Recognition***

Scholarship aid is necessary for many students to receive an education at Northwestern College and that a Christ centered higher education is vitally important in equipping students to become leaders with Christian values, convictions, integrity and commitment.

Recognizing the commitment of Orange City Area Health System to the health needs of the NW Iowa region. By encouraging Northwestern College students to complete their BSN degree in pursuit of a nursing career in a rural health setting, the Orange City Area Health Foundation Nursing Scholarship is hereby established.

***Who can apply:*** Full time BSN student

***Description and Basis for Award***

1. Recipients shall be full time nursing students (traditional or non-traditional) enrolled in the baccalaureate nursing program and in good standing with all the program’s requirements.
2. Eligible for two years but must reapply to renew.
3. Must maintain a 3.0 cumulative GPA.
4. Preference to nursing student who is currently employed at OCAHS OR intends to work in a rural health care setting.
5. Recipient will be selected by the Department of Nursing.
6. Recipients must have completed the scholarship application form and essay question located on the following page.

***Accountability to Donor***

Each year the Advancement Office will inform the Human Resource Director of Orange City Area Health System as to the current year scholarship recipients. Those receiving the scholarships will be encouraged to attend the OC Area Golf Classic held each June that raises funds for this scholarship. The recipients will also be encouraged to write a brief note of introduction and appreciation to the donor. Orange City Area Health System representatives and the scholarship recipients will be invited to the annual scholarship luncheon held on campus each fall.

**Orange City Area Health Foundation Nursing Scholarship**

Please complete the following, print, and submit to the Department of Nursing

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| --- | --- | --- | --- |
| **Name** | **Current Year in**  **BSN program** | **Current CGPA** | **Renewal (Y or N)** |
|  |  |  |  |

**1). Are you employed with Orange City Area Health?**

**(If YES, please answer the questions below, if NO go to question #2.**

**Where you work (dept) and how long have you worked there?**

**How is working enhancing your nursing education?**

**2). If you plan to work in rural healthcare, what do you see as important or priorities in providing nursing care in a rural health setting and how will you achieve those goals?**