CAROL SHIVELY MEMORIAL SCHOLARSHIP

Good Samaritan HEALTH SERVICES Foundation
Supporting Heart of America Medical Center & Haaland Estates

Carol Shively was a nursing student and dedicated nurse assistant when her life was tragically cut short. Her warm personality and excellent caregiving skills positively influenced Good Samaritan Hospital Association patients and coworkers alike.

To honor her memory, Carol's family and friends established a scholarship fund *for nursing students living and/or working* in the Good Samaritan Hospital Association service area. In 2019 the Good Samaritan Health Services Foundation committed to funding the Carol Shively Memorial Scholarship in perpetuity.

QUALIFICATIONS

Preference is given to applicants *who are or have been employed* by Good Samaritan Hospital Association or who demonstrate *plans to be employed* by Heart of America Medical Center, Haaland Estates or Heart of America Medical Clinics in Rugby, Maddock or Dunseith, N.D.

Applicants must prove they are enrolled in or have been accepted into an accredited nursing program by providing letters of acceptance or the most recent copies of their academic transcripts.

AWARD

One $500 scholarship is paid directly to a nursing student each year.

HOW TO APPLY

1) Complete and sign the scholarship application form (see attached).
2) Attach a copy of your most current transcript (preferred) or a letter of acceptance from the nursing school you plan to attend (alternate).
3) Submit the application package to the Good Samaritan Health Services Foundation office between November 15th and February 15th. You may scan and email the application package to GSHS Foundation Coordinator, McKayla Haman, at mhaman@hamc.com or mail to:

   Good Samaritan Health Services Foundation
   Attn: Carol Shivley Memorial Scholarship
   2975 Highway 2 East, Rugby, ND 58368

FOR MORE INFORMATION

Inquiries regarding the scholarship may be directed to Foundation Coordinator, McKayla Haman by calling 701-776-5455 ext. 2218 or by emailing mhaman@hamc.com. Please, no submissions prior to Nov. 15. Thank you!

CAROL SHIVELY MEMORIAL SCHOLARSHIP

APPLICATIONS OPEN NOV. 15

SUBMISSION DEADLINE: **FEBRUARY 15**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

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1) List the name of the educational institution where you have been accepted into the nursing program: _____

   a. Your Planned Degree: _____

   b. Your Planned Completion Date: _____

   ☐ Please attach your most recent transcript from this program – copies are acceptable. If you have not completed a semester, please attach a letter of acceptance.

2) Do you have any other education or training (healthcare or otherwise) beyond high school? Degrees earned?

3) Have you been employed or volunteered in healthcare?

Name of Facility	City – State	Start Date	End Date	Position

   a. How have these experiences contributed to your desire and abilities to enter nursing?

4) In the space provided, please describe your future professional plans. (Attach an additional sheet if needed.)

- What type of work do you plan to do?

- Where do you plan to do it?

- How will you contribute to the organization you work for and to the welfare of individuals in your care?

Print Name Signature Date

Thank you for applying. Please contact us with any questions.

Mail application package to:
Good Samaritan Health Services Foundation
2975 Highway 2 E
Rugby, ND 58368-7801

Email application package to:
McKayla Haman, Foundation Coordinator
701.776.5455 ext. 2218
mhaman@hamc.com