

Auxiliary Volunteer Nursing Scholarship Application

To apply:

To be considered, complete the application and provide the required documentation by May 31.

Additional required documentation needed to apply:

Include:

- Resumé
- Official transcripts
- Two recommendations from clinical instructors
- A personal statement - briefly explain in your own words why you want to receive the Auxiliary Volunteer Scholarship, and what you hope to gain.

Return the application and any required documentation to:

McLaren Flint
Auxiliary Office
401 South Ballenger Highway
Flint, MI 48532

Phone: (810) 342-2009
Fax: (810) 342-2154

Incomplete applications will not be considered. This is a discretionary program and is subject to change or cancellation at any time.



McLaren Flint

McLaren Flint is a regional leader in nursing care. We are one of a few hospitals in the country named in honor of a nurse. Our tradition of nursing excellence continues today. McLaren Health Care has annually been rated as one on the nation's Top 100 Integrated Health Systems by Verispan as published in Modern Healthcare. We take pride in our quality of patient care, and its value to the community.



McLaren Flint Auxiliary Volunteers
401 South Ballenger Highway, Flint, MI 48532

(810) 342-2009

mclaren.org



**AUXILIARY VOLUNTEER
NURSING SCHOLARSHIP**

**PARTNER WITH US TO ADVANCE
YOUR CAREER!**





Pictured above are members of the McLaren Flint Auxiliary Volunteer Board. These volunteers are an important resource at the Medical Center. In addition to the gift of their time, the Auxiliary Volunteer raises funds year round that support special McLaren Flint fund requests at the Medical Center, as well as a Scholarship Program for students pursuing a degree in nursing.

A career in nursing offers intellectual challenges, the use of science and technology a multidisciplinary approach to healthcare, a variety of work opportunities, career progression, security, and the chance to make a difference in life.

The Auxiliary Volunteer Nursing Scholarship sponsored by McLaren Flint Auxiliary Volunteers has been developed to address the national shortage of nurses and to invest in our community by providing career opportunities. This scholarship helps an individual who wants to make nursing their career choice.

The McLaren Flint Auxiliary Volunteers will award a \$ 4,000 scholarship to a nursing school senior. These funds are raised through membership dues and Memorial Fund established in honor of Margaret McLaren, Founder of the Women's Hospital in which she was Superintendent for 28 years. Women's Hospital is what we know today to be McLaren Flint. Since its inception, a number of scholarships have been awarded to qualified students who will continue their education in nursing.

Auxiliary Volunteer Nursing Scholarship

The Memorial Fund is an ongoing activity in the Auxiliary Volunteer organization. Since its inception, a number of scholarships have been awarded to qualified students who will continue their education in nursing.

Auxiliary Volunteer Nursing Scholarship

The scholarship will be given to a nursing school senior who is within one year of graduation to apply to the cost of completing the nursing program.

The award will be placed directly in the account of the College or University where the student is enrolled.

Eligibility

Minimum GPA of 3.0 at the time of application.
Application Deadline: May 31.

Selection Process Includes:

GPA, review of clinical recommendations and clinical history, review of previous work history, personal statement, and interview by the Scholarship Committee. The recipient of the award will be required to communicate with the Auxiliary Volunteer Board of Directors as to his or her progress during the academic year.

Name: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Email: _____

Name of school attending or planning to attend:

Expected date of graduation: _____

Current McLaren Flint employee:

No

Yes, which department: _____

Personal References:

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

Tear-off

I understand that if I am chosen to receive scholarship funding, I will be required to comply with conditions in the scholarship agreement. I acknowledge that all of the information that I am providing is true and correct.

Applicant Signature: _____

Date: ____ / ____ / ____