

DR. WILLARD C. SCRIVNER PUBLIC HEALTH FOUNDATION

DR. JAN ATTALA ALLEN PUBLIC HEALTH NURSING SCHOLARSHIP

www.wcscrivnerfoundation.org

OVERVIEW

Perhaps the single most important avenue to improving the health of individuals and the public as a whole is education. Named in honor of Janice Attala Allen, PhD., the Foundation Board of Directors has established a Scholarship for nurses who want to pursue an advanced degree. In keeping with Dr. Scrivner's lifelong commitment to promoting public health and education, students who are enrolled or accepted in a Master's, Doctorate, Practice Doctorate or PhD program in public health nursing, community health nursing, nurse practitioner, or nursing/health education are eligible for this scholarship. Note for those enrolled in PhD programs, the degree need not be in nursing, as long as the intent is to teach nursing. Applicants may be taking classes or have advanced to candidacy (writing dissertation or other final paper/project). The applicant may be a full-time or part-time student. To qualify the applicant must either be a resident of St. Clair County (permanent address) or make a commitment to work in Southern Illinois for two years after graduation.

GENERAL INFORMATION

The Dr. Allen Public Health Nursing Scholarship is open to any professional nurse pursuing an advanced degree in nursing. Under the guidelines of the program, selection of a scholarship recipient will be based upon the judging criteria.

APPLICATION PROCEDURE

1. Application packets will be made available by request or at local colleges/universities.
2. The applicants are to complete Parts I, II, and III of the application.
3. Completed forms should be sent to the Foundation no later than ***February 10, 2012***. Staff will assign each applicant an "*applicant number*" to ensure impartiality in judging and forward the application to the Scholarship Committee.

SELECTION PROCESS

Application judging will be conducted in two phases:

Phase One

Staff will assign the applicant an "*applicant number*" to ensure impartiality in judging. Applications will be reviewed to ensure eligibility and completeness. Those applications meeting the eligibility requirements will be forwarded to the Scholarship Committee.

Phase Two

The Scholarship Committee will review the applications screened in Phase One. A determination of the finalists for the Allen Scholarship will be made based upon the Judging Criteria. The Committee will present the finalists and a recommendation for the scholarship award to the Foundation Board for approval.

Judging Criteria

Selection will be based on the applicant's current practice, area of interest, community service and career goals:

Are they consistent with the Foundation's Mission and Values?

Do they address one or more of the Strategic Issues identified in the Community Health Plan?

1. Strengthen the Public Health Workforce
2. Improve Behavioral Health Services
3. Improve health outcomes for cardiovascular diseases, maternal and child health and respiratory diseases
4. Create a broader sense of community connectedness
5. Improve health services to the aging population
6. Improve access to care

SCHOLARSHIP PAYMENT

Monies will be awarded to the recipient and may be expended for tuition, books and/or other educational expenses. The Scholarship will be a one-time award of \$1,500. Proof of registration will be required prior to payment.

DR. WILLARD C. SCRIVNER PUBLIC HEALTH FOUNDATION

**DR. JAN ATTALA ALLEN PUBLIC HEALTH NURSING
SCHOLARSHIP**

The Allen Scholarship, sponsored by the Dr. Willard C. Scrivner Public Health Foundation will provide a \$1,500 scholarship to a professional nurse who is pursuing, or intends to pursue, an advanced degree (Master's, Doctorate, Practice Doctorate, or PhD) to help meet the health needs of Southwestern Illinois.

To be considered for a scholarship, the applicant:

- shall be a professional nurse who is enrolled and accepted into an advanced degree program.
- shall submit degrees earned, work history, license and any certification information.
- shall submit a three page (double spaced) essay describing: 1) Career Goals; 2) How this scholarship will help them meet their career goals; 3) How their pursuit of this advanced degree will address the health needs of the region (See Judging Criteria)
- shall include proof of enrollment & acceptance to a degree program
- shall submit two to three letters of recommendation.

All applications and correspondence on behalf of the applicant should be sent to **Scrivner Foundation, Attn: Patsy, 19 Public Square, Suite 150, Belleville, IL, 62220.** Deadline for filing for the 2012 scholarship is **February 10, 2012.** The winner will be notified in writing by March 30, 2012. The scholarship will be a one-time award for one year.

All information submitted in this application will be confidential. Incomplete applications will not be accepted. If you have questions, please contact Marilyn at (618) 233-7703, ext. 4401.

PART I. *(To be completed by applicant)*

[please print]

APPLICANT INFORMATION

NAME _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (____) _____ SOCIAL SECURITY No. _____ - _____ - _____ TOWNSHIP _____

DEGREES EARNED, WORK HISTORY, LICENSE AND CERTIFICATION INFORMATION *(may use a separate sheet of paper and attach to the application {must indicate "See attached"})*

CURRENT EDUCATION ENROLLMENT/PROGRESS TOWARDS DEGREE *(may use a separate sheet of paper and attach to the application {must indicate "See attached"})*

PART II. SPECIAL CIRCUMSTANCES

Describe special circumstances that should be taken into consideration.

PART III. ORIGINAL ESSAY – (3 page (double spaced)):

Please describe the following:

1. Your Career Goals, Area of Interest, Current Practice and Community Service
2. How these are consistent with the Mission and Values of the Scrivner Foundation
3. How this scholarship will help you meet your career goals
4. How your pursuit of this advanced degree will address the health needs of the region.

PART IV. ATTACHMENTS

A. Proof of Enrollment and Acceptance to a program.

B. Two to three letters of reference.

Signature of Applicant _____ Date _____