



## **ECHN BIKE CONNECT 2009 Nursing Scholarship**

### **Mission Statement**

The ECHN Bike Connect Nursing Scholarship has been established to distribute funds raised by the ECHN Bike Connect event. The primary purpose is to provide financial assistance to ECHN employees enrolled in an accredited nursing program that leads to becoming a Registered Nurse. Furthermore, a portion of the funds may be awarded to an ECHN Registered Nurse to assist that person in obtaining an advanced degree.

### **History of Awards**

The First Annual Bike Connect tour on June 8, 2003 brought to fruition an idea of Dr. Robert Rodner and Dr. Alan Krupp for a community-wide bicycle ride that connected the five campuses of ECHN. They believed that this event would enhance public recognition for the merged health care network while providing an opportunity to raise funds to support nursing recruitment and education. In an era where nursing shortages are reaching critical levels, this fund raising event captured the interest of ECHN Board members, doctors, nurses and other supporters. Sixty enthusiastic and committed volunteers contributed to making the event a great success creating an opportunity to provide scholarship money to ECHN employees seeking a professional nursing career.

In the second year, a 45-mile course was added to the tour to connect the Glastonbury Wellness Center campus. In 2008 a 5-mile nurses walk was added to accommodate families and those who may not bike.

### **Eligibility**

Nursing students who need financial assistance to complete their education and who demonstrate scholastic ability and professional promise are eligible to apply if they meet both of the following criteria:

1. Employee of an ECHN affiliate, at least 20 hours part- or full-time, for at least one year; and
2. Currently enrolled in an accredited traditional or non-traditional nursing program
  - a. Baccalaureate applicants must have completed the 2<sup>nd</sup> year of a 4-year program
  - b. Associate degree applicants must have completed all prerequisites and be accepted into a nursing program.

Please note that funds for scholarships are limited; not every applicant will receive a scholarship. In reviewing applications, the committee will use the following criteria:

1. Job performance evaluation and recommendation
2. Grade point average
3. Professional goals

In addition, the number of credits in which an applicant is enrolled and the cost per credit will be factored into any award.

**The committee has complete discretion in awarding scholarship amounts, and full or partial scholarships may be awarded. The number and amount of scholarships will be based on the number of qualifying applications received. All decisions of the committee are final.**

**Additional Requirements**

If awarded a scholarship, you will agree to maintain employment, whether full or part time, at an affiliate of ECHN for a minimum of one year.

If awarded a scholarship, you will agree to publicity, including but not limited to photos for press releases.

**Method of Application and check list**

In addition to completing the attached questionnaire, applicants must forward the forms on the check list page during the application period to the ECHN Community Health Care Foundation, 44 Haynes Street, Manchester, CT, 06040. The complete application must be received no later than **March 1, 2009**. **There will be no exceptions.**

If the application is received before March 1, 2009, the committee may contact an applicant if further information is required for completeness. Any incomplete applications received **on or after March 1, 2009** will be returned to the applicant.

**Amount of Scholarship**

The amount of scholarship will be based on the money available. Amounts may vary for each recipient. Awards will be mailed directly to the educational institution.

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## Checklist

- Official academic transcript from current school.
- Verification of active student status (copy of schedule or copy of bill).
- Copy of most recent ECHN performance evaluation.
- Letter of recommendation from an instructor or co-worker.
- A completed application including tuition reimbursement grid. This must be accurate with correct math and deductions for other grants and tuition reimbursements.
- Statement of professional goals.

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Signature

date







**ECHN Bike Connect 2009  
Nursing Scholarship  
Financial information**

	Summer 2009	Fall 2009	Spring 2010	Distance programs	Distance programs	Distance programs	Distance programs
Name of courses							
# of credits							
Cost per credit							
Cost per course							
Other fees							
Total all Grants and scholarships.							
ECHN tuition reimbursement							
Expected need							

**By signing this application, you are giving us permission to contact your manager and/or Human Resources to verify the information you have submitted with this application.**

I hereby release from liability all representatives and agents of the ECHN Community HealthCare Foundation for their acts performed in good faith and without malice in connection with evaluating this application, the credentials and qualifications, and hereby release from any liability any and all individuals and organizations who provide information to this institution's representative, in good faith and without malice, and I hereby consent to the release of such information.

By signing this application, I certify that I understand and will abide by all of the requirements stated in this application.

By signing this application, I certify that all the statements I have made are accurate to the best of my knowledge.

By signing this application, I understand that if I am awarded a scholarship and accept the scholarship, **I will agree to maintain my employment, whether full or part time, at an affiliate of ECHN for a minimum of one year after the award of the scholarship.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed scholarship applications (pages 3-5 only) must be received no later than **March 1, 2009** by:

**US Mail:**

ECHN Community HealthCare Foundation, Inc.  
Nursing Scholarship-Bike Connect  
44 Haynes Street  
Manchester, CT 06040

or

**ECHN interoffice mail:**

Richard Silvia  
Development Associate/Foundation Office  
44 Haynes Street

or

**Fax:**

Richard Silvia  
(860) 533-6596

**The scholarship committee will meet in late-March to begin the review of applications.  
You will be contacted by May 1, 2009 if you are selected for an interview or award.**