



Mercy Health

Care first

MASTERS OF NURSING

2009 MERCY HEALTH FOUNDATION SCHOLARSHIP

The Mercy Health Foundation is proud to offer scholarships for the new Masters of Nursing course in conjunction with La Trobe University and Mercy Health Training Institute. These scholarships assist employees to pay for their professional development and are open to ANY Mercy Health Registered Nurse or Midwife

Scholarships will be granted to provide financial support of up to 50% of the total course fees (not for books and stationery).

Completed applications must be received by **4.00pm Tuesday 3 November 2009** addressed to:-

Gavan Woinarski
Executive Director
Mercy Health Foundation
678 Victoria St RICHMOND VIC 3121

Or by email (WORD or PDF document) to gwoinarski@mercy.com.au

Successful applicants will be announced at our annual *Carols at the Convent* on Saturday 5 December and notified by mail.

All applications will be acknowledged.

Please read the following pages which will assist you with your application.

Queries are welcomed and can be directed to Gavan Woinarski on (03) 8416 7896.

2009 Guidelines and Application Form

Masters of Nursing

These guidelines do not over-ride conditions as stipulated under any existing Awards and Agreements.

SELECTION CRITERIA (Only those applicants who meet these criteria can be considered).

- Scholarships can only be offered to employees who have been with Mercy Health for a minimum of twelve months and intend to continue employment with Mercy Health in the years ahead;
- Scholarships may only be granted for Masters of Nursing at La Trobe University and Mercy Health Training Institute.
- Scholarships may only be granted to staff members who are full fee paying students. Staff who are accepted by La Trobe University for a Commonwealth Supported Place are not eligible to apply for a scholarship.
- Up to a maximum 50% of the course is available as a scholarship;
- In accepting a scholarship the staff member agrees to remain employed by Mercy Health for two years (September 2011). Should the staff member leave:
 - within 6 months of a scholarship award, he/she commit to full repayment of scholarship moneys;
 - within 6 – 12 months, he/she agree to pay 75% of the scholarship moneys;
 - within 12 – 18 months, he/she agree to repay 50% of the scholarship moneys.
- the Selection Panel will decide who will be awarded a scholarship;
- the Selection Panel will decide on the dollar value of each scholarship;
- proof of acceptance to the approved course must be obtained prior to any payment;
- the scholarship is not transferrable;
- scholarship moneys are not payable in advance;
- the scholarship cannot be taken as cash;
- late applications will not be considered;
- applications should be submitted by 4.00pm Tuesday 3 November 2009

WHAT TO INCLUDE IN YOUR APPLICATION

- a completed Application Form
- a covering letter addressed to the Executive Director, Mercy Health Foundation
- a brief Curriculum Vitae
- a 500 word (max) statement of compelling reasons for your selection OR you can elect to make a presentation to the selection panel personally or by video link

SELECTION PANEL

Members of the Selection Panel are appointed by the Chief Executive Officer and are chosen from different Mercy Health sites.

RESPONSIBILITIES

SELECTION PANEL

- Applications are treated confidentially
- Each application is to be acknowledged
- Review applications, ensuring course is applicable to organisational needs
- Select a group of applicants to be awarded scholarships
- Inform successful and unsuccessful applicants
- Ensure payment of scholarships is effectively administered
- Promote successful candidates to our stakeholders
- Host a presentation ceremony

RECIPIENT

- Applications can only be made for scholarships to the Masters of Nursing at La Trobe University run in conjunction with MHTI (Mercy Health Training Institute).
- Ensure scholarship application form is completed with sign off from relevant Department Manager and submitted on time
- Prepare additional information and attend interview if required
- Provide evidence of acceptance to course from relevant course provider to facility
- Respond to requests for information.

PAYMENT OF SCHOLARSHIP MONEY

- A scholarship winner may pay an institution directly and then claim a reimbursement from the Foundation
- Payment may be paid by the Mercy Health Foundation directly to Mercy Health Training Institute or La Trobe University
- Payments can be scheduled over the length of the course e.g. each semester;
- The total scholarship sum allocated cannot be paid in the initial semester

2009 MASTERS OF NURSING SCHOLARSHIP APPLICATION FORM

1. APPLICANT INFORMATION

Name

Address.....

.....Postcode

Contact Phone number:

Email Address

At which Mercy Health facility are you employed?

Position/Title..... Employee No.

How long have you worked for Mercy Health?

What is your employment status? Full Time Part Time (please circle)

Please define (*how many hours, contract, continuing*).....

2. PROPOSED COURSE OF STUDY

Course title Masters of Nursing

Organisation Chosen La Trobe University and Mercy Health Training Institute

Course fee \$.....

Length of course

Have you commenced this course? YES NO (please circle)

Please attach academic transcript or acceptance letter if applicable.

Amount requested: \$

(up to 50% of the course fee)

What are your compelling reasons to be selected for this scholarship?

**Please attach a separate page explaining your reasons. (Maximum 500 words).*

3. DIRECT MANAGER’S ENDORSEMENT

Do you support this application? YES NO

Reasons

.....
.....
.....

Manager’s Name..... Signature.....

Phone numberEmail

4. REFEREES

1. Name:
Position/Title.....
Company/Organisation:
Contact number:

2. Name:
Position/Title.....
Company/Organisation
Contact number

5. ENCLOSURES - PLEASE ENSURE YOU INCLUDE THE FOLLOWING DOCUMENTS:-

- a) covering letter
- b) Curriculum Vitae
- c) A4 page of compelling reasons in support of your application
- d) copy of academic transcript or acceptance for study (*if applicable*)
- e) a completed application form

I have read, understand and agree with the conditions associated with this application.

Signed (applicant) **Date**.....