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# The Benjamin Ladner Nursing Excellence Tuition Assistance Program



## Application Packet

- Open to all eligible DCH Health System RNs currently with an ADN
- Applications are accepted at the beginning of each academic semester
- Applicants must apply according to the criteria listed in this packet
- Award recipients are subject to the guidelines outlined in this packet
  - Awards are non-transferrable



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# Benjamin Louis Ladner

As a child, Ben was curious and loved learning new things. He was a true patriot.; he represented his high school as an ambassador to the USSR in his junior year. He was an athlete and participated in all sports in school. Ben also loved to travel and wanted to open his eyes and mind to a world far beyond his home. However, the best part of travel for Ben was coming home to those he loved. He was an avid Alabama football fan and also shared a love for the Baltimore Orioles with his Father and brother.

Ben was a young man who was answering the call to be a nurse. Ben loved people and helping others. He was full of patience and compassion and he had a gift for bringing out the best in others, even during stressful and difficult times. He was a nursing student enrolled at Shelton State Community College. He was paying his own way through school; working towards his dream of earning a BSN degree from the Capstone College of Nursing at the University of Alabama.

While in nursing school, he worked tirelessly at DCH Regional Medical Center from November 2000 until September 2005. Unfortunately, Ben was taken far too soon due to a tragic car accident in 2005. After his death, his family created the Benjamin Louis Ladner Capstone College of Nursing Memorial Scholarship. This annual scholarship has helped many nurses complete their bachelor's degree in nursing. In 2018, Ben's family made the decision to partner with the DCH Foundation and the DCH Health System to expand the annual scholarship into a year-round nursing tuition assistance program that will help scores of nurses earn their bachelor's degree.

Ben would be humbled that this program was developed and named for him. He would also be proud that so many nurses will be able to achieve his shared dream - a bachelor's degree in nursing - and to be able to provide high-quality, compassionate care to those we serve at DCH.

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## Application Process for the Benjamin Ladner Nursing Excellence Tuition Assistance

### Program:

- Clearly print/type and complete all applicable sections of the application. The completed application must be signed by the applicant and his/her current department manager/supervisor.
- Include all required additional documentation:
  - One-page personal essay
  - Two (2) letters of recommendation
  - Transcript(s) from ADN program of study
- Submit completed application packet to Human Resources at least six weeks prior to the upcoming semester or defined deadline with all supportive documentation:
  - Acceptance into approved BSN program of study
  - Semester classes requested and costs to be incurred
- For tuition assistance consideration, all supportive documentation **MUST** be received. Incomplete applications will **NOT** be considered.
- A limited number of awards are available each semester. All completed applications will be reviewed and considered.
- Applications will be reviewed by the Benjamin Ladner Nursing Excellence Tuition Assistance Committee.
- Applicants will be notified via e-mail of their award status and all additional deadlines related to their award.
- Tuition assistance payments will be mailed directly to the recipient's college/university.
- Award recipients not meeting the "grade" requirements, will be required to repay tuition assistance award based on policy.
- Award recipients must meet and maintain eligibility requirements throughout the applicable semester and subsequent 36-month continued employment repayment period after completion of the final semester.

**Completed application and supportive documentation should be submitted to:**

Human Resources, Employment

Attn: Benjamin Ladner Nursing Excellence Tuition Assistance Program

Trustee Hall - 2nd Floor

If you have questions, please contact Human Resources (205) 759-7701

or

The DCH Foundation (205) 759-7349

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## Criteria for Benjamin Ladner Nursing Excellence Tuition Assistance Program:

- Current/Active employee with the DCH Health System in good standing with no employee accountability issues in the past 12 months; including an accountability discussion.
- Current/Active employee in a regular full-time or part-time benefited position of a .9 FTE or higher with the DCH Health System for at least 12 consecutive months.
- Must be accepted in an approved ADN to BSN program of study for one of the following schools:
  - University of Alabama - Tuscaloosa
  - Auburn University
  - Jacksonville State University
  - University of Alabama - Huntsville
  - University of North Alabama
  - University of South Alabama
- Employee must complete and sign application to include:
  - A completed/signed application (incomplete applications will not be considered)
  - Provide an official transcript from college where ADN was obtained and every semester while enrolled in the BSN program of study.
  - Provide a one-page essay signed by the applicant that includes:
    - Reason(s) for choosing to pursue a BSN
    - Career goals (short and long-term)
    - Financial need (degree of hardship)
  - Two (2) letters of recommendation that addresses the applicant's academic ability, studiousness, personal character and/or leadership abilities. One letter from each of the following:
    - Nurse Manager/Director
    - Educator/Academic Advisor (from ADN program)
- Recipients are required to submit final semester grades for each course enrolled and meet the course grade requirement of a "B" or better.\*\*
- Maximum benefits per calendar year = \$5,250 (as per IRS regulations)
- Award is renewable each semester as long as the applicant is in good standing according to the criteria established.
- Recipients are expected to continue their employment with the DCH Health System for a minimum of 36 months after completion of the final semester and to remain in a benefited .9 FTE or better status during the duration of this period.\*\*

\*\* If terms are not met, repayment of full or partial funds awarded plus accrued interest (8%) and any additional collection costs:

- 9 months or less 100%      - 10 months to 18 months 75%      - 19 months to 27 months 50%      - 28 months to 36 months 25%

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# Benjamin Ladner Nursing Excellence Tuition Assistance Program Application

DCH Regional Medical Center - Northport Medical Center - Fayette Medical Center

## Applicant Profile: (Please print or type legibly)

Today's Date: \_\_\_\_\_

DCH Employee #: 0000 \_\_\_\_\_

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

## DCH Employment Eligibility:

DCH Current Position: \_\_\_\_\_ Work Ext.: \_\_\_\_\_

Facility: \_\_\_\_\_ Cost Center: \_\_\_\_\_ Department Name: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_ Work Ext.: \_\_\_\_\_

1. Are you currently in good standing within the System?  YES  NO
2. Have you worked in a benefited position within an FTE of at least a .9 or greater during the past 12 consecutive months?  YES  NO
3. Are you currently working in a benefited position with a FTE of at least a .9?  YES  NO
4. Are you a RN currently accepted and/or enrolled in a BSN degree program at an approved college/university as defined by the criteria of this program?  YES  NO

## College/University Acceptance/Enrollment Information

Student ID#: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Verification of current semester enrollment

Current Semester:  FALL  SPRING  SUMMER Total Semester Hours Enrolled: \_\_\_\_\_

Semester Starts: \_\_\_\_\_ Semester Ends: \_\_\_\_\_

Course Number	Course Title	Course Credit Hours	Cost For Credit Hours Books/Fees
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

## Applicant's Acknowledgement and Certification Statement:

1. I have read the Benjamin Ladner Nursing Excellence Tuition Assistance Program information provided and understand that I must submit official documentation of enrollment, a ne-page personal essay, and two (2) letters of recommendation at least six weeks prior to the start of the semester or by the defined deadline for review in consideration with this application for tuition assistance.
2. I understand that tuition assistance, if approved, will be determined based on the cost of tuition, books and fees. If approved, the award will be mailed to the school to be applied to my account.
3. I understand that for consideration, I must submit the required completed application and supplemental documentation.
4. I understand that I must maintain an active DCH employment status of a .9 FTE or greater for the duration of this award agreement.
5. I understand that I must submit a renewal application for each semester that assistance is to be requested.
6. I understand that I must maintain a grade of "B" or better for the duration of this award.
7. I understand that if I change my FTE status that does not meet the requirements of this award; voluntarily or in-voluntarily terminate my employment within 36 months of the award; or do not maintain a grade of "B" or better during this award, I will be financially responsible for the repayment of all or partial payment of the tuition assistance that has been received:
  - 9 months or less 100%
  - 10 months to 18 months 75%
  - 19 months to 27 months 50%
  - 28 months to 36 months 25%

## Department Manager's Acknowledgement and Approval:

(Please complete and return to the employee/applicant for submission)

1. To your knowledge, does the employee meet the Benjamin Ladner Nursing Excellence Tuition Assistance Program employee eligibility requirements as listed in the application? ( ) YES ( ) NO
2. The employee applying for tuition assistance has a current performance evaluation of at least "MEETS" Expectations? ( ) YES ( ) NO
3. The employee applying for tuition assistance is in good standing with no employee accountability issues administered in the past 12 months, including an accountability discussion. ( ) YES ( ) NO
4. I have reviewed the application and I recommend this employee for a Benjamin Ladner Nursing Excellence Tuition Assistance Program award. ( ) YES ( ) NO

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_