
Bachelor of Science Nursing (BSN) Scholarship Program



Application Packet

- Open to all BSN college students enrolled in their last four semesters of nursing school.
- 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 Certification Statement outlined in this packet.
- Awards are non-transferrable.



DCH History and Overview

Under local ownership and leadership for more than 90 years, the DCH Health System has continually evolved to offer advanced caring to West Alabama.

As the community grew, a small hospital expanded its services and service area to become a regional medical center. Today, the DCH Health System operates DCH Regional Medical Center, Northport Medical Center and Fayette Medical Center.

Here are key dates in the Health System's history:

1916: The 12-bed Druid City Infirmary opened in 1916 on Broad Street, now known as University Boulevard.

March 25, 1923: The new, larger Druid City Hospital opened, built on land donated by the University of Alabama. It was later expanded to 80 beds.

1946: An even larger hospital was planned to accommodate a growing population. A portion of Northington General Hospital, a temporary Army hospital that closed at the end of World War II, was leased. It served as a temporary home until a new hospital could be financed and constructed.

December 1952: Thanks to county sales tax revenue and federal funds, the new Druid City Hospital opened on University Boulevard debt-free. The facility included 240 beds, four major operating rooms and the state's first surgical recovery room.

1958 to 1976: Additions brought DCH to 496 beds. The opening of a five-story wing in 1976 made DCH the state's third largest hospital. DCH built specialty units including an intensive care nursery, coronary and intensive care units, subintensive care units, open-heart surgery, and orthopedic and pediatric units.

1980s: DCH Regional Medical Center continued its evolution as West Alabama's health care leader by serving as the foundation of DCH Health System. This system grew to serve the entire West Alabama region.

- The Health System became affiliated with Fayette Medical Center in Fayette, Ala., in 1984. Specialty clinics include oncology, cardiology, urology, neurology, orthopedics, ophthalmology and plastic surgery. The facility also has a 122-bed skilled nursing care facility.
- The Lewis and Faye Manderson Cancer Center at DCH RMC offers a highly skilled staff and advanced treatment methods. The center is a certified member of MD Anderson Cancer Network™, a program of The University of Texas MD Anderson Cancer Center in Houston.

1990s: Northport Medical Center became part of the Health System in 1992. The facility offers outpatient therapy, the Women's Pavilion and the North Harbor Pavilion, which offers psychiatric services for adults and geriatric patients.

2000s:

- In 2014, an electrophysiology lab opened at DCH RMC. EP uses technology to detect, diagnose and treat heart arrhythmias.
- In 2018, a new Lactation Center, Charlotte's Room, opened at the hospital to help mothers with breast-feeding tips and other services.

Application Process

- Clearly print/type and complete all applicable sections of the application. Include all required additional documentation as noted on the Criteria page.
- Submit completed application packet to DCH Human Resources (address below) at least six weeks prior to the upcoming semester or defined deadline, with all supporting documentation:
 - Proof of acceptance to approved BSN program of study
 - Semester classes requested and costs to be incurred
- For scholarship assistance consideration, all supporting documentation **MUST** be received. Incomplete or late applications will not be considered.
- A limited number of awards is available each semester. All completed applications will be reviewed and considered by the DCH Scholarship Committee.
- Applicants will be notified via email of their award status and all additional deadlines related to their award, if offered.
- Scholarship assistance payments will be mailed directly to the recipient's college/university.
- Award recipients not meeting the grade requirements will be required to repay the scholarship assistance award based on policy.
- Award recipients must meet and maintain eligibility requirements throughout the applicable semester(s).

Completed application and supporting documentation should be submitted to:

DCH Human Resources
Attn: Peggy Sease, VP, Human Resources
809 University Blvd. E.
Tuscaloosa, AL 35401

For questions about the scholarship program, please call Peggy Sease at 205-759-7849 or email her at:

Peggy.Sease@dchsystem.com

Criteria

- Must be accepted to an approved BSN program of study **with all prerequisites completed.**
- Student must complete and sign application to include:
 - Official college transcript
 - One-page essay signed by the applicant that includes:
 - Reason(s) for choosing to pursue a BSN
 - Career goals (short- and long-term)
 - Two letters of recommendation that address the applicant’s academic ability, studiousness, personal character and/or leadership abilities. Submitter examples include:
 - Instructor
 - Educator/academic adviser (from BSN program, if recent)
- Recipients are required to submit final semester grades for each course and meet the course grade requirement of a “B” or better.**
- Maximum benefits per calendar year = \$5,250 (per IRS regulations). \$20,000 lifetime maximum benefit for all of DCH scholarship and tuition assistance programs.
- Award is renewable each semester as long as the applicant is in good standing according to the criteria established.
- Recipients are expected to apply to DCH RN positions, interview and become employed as a full time RN at DCH Health System within three months after graduation and remain employed for 12 months for each semester of scholarship assistance. Once employed, the recipient must remain a benefited .9 FTE (full time) or greater status during the duration of this period.**

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

Scholarship Assistance Payback Schedule

# Semesters	Less than 12	12 to 23 Months	24 to 35 Months	36 to 47 Months	48 Months +
1	100%	- 0 -			
2	100%	50%	- 0 -		
3	100%	67%	33%	- 0 -	
4	100%	75%	50%	25%	- 0 -

DCH BSN Scholarship Application

Applicant Profile (Please print or type legibly)

Today's Date: _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Last 4 Digits of Social Security # XXX-XX- _____

College/University Acceptance/Enrollment Information

Student ID#: _____

Anticipated Graduation Date: _____

College/University Name: _____

College/University Address: _____

City: _____ State: _____ Zip Code: _____

Scholarship Assistance Requested

Semester Requested: () FALL () SPRING () SUMMER

Total semester hours to be enrolled: _____

Semester Start Date: _____ Semester End Date _____

Course Number	Course Title & Number of Course Credit Hours**	Cost for Course Credit Hours	Cost for Books/Fees
1. _____	_____	-\$ _____	-\$ _____
2. _____	_____	-\$ _____	-\$ _____
3. _____	_____	-\$ _____	-\$ _____
4. _____	_____	-\$ _____	-\$ _____

Applicant's Acknowledgment and Certification Statement:

1. I have read the DCH BSN scholarship information provided and understand that I must submit official documentation of enrollment, a one-page personal essay and two letters of recommendation at least six weeks prior to the start of the semester or defined deadline to be considered for scholarship assistance.
2. I understand that scholarship assistance, if approved, excludes prerequisite classes and will be determined based on the cost of scholarship, 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 (full time) or greater after my BSN graduation of 12 months per semester of scholarship assistance.
5. I understand that I must submit a renewal application for each semester that assistance is requested.
6. I understand that I must maintain a grade of "B" or better for the duration of this award.

In addition to the above, I understand that if I voluntarily or involuntarily terminate my employment with DCH prior to the required time, I will be financially responsible for the repayment of all or a portion of the scholarship assistance that has been received:

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____