

# **Medical Laboratory Cooperative Scholarship Nationwide Children's Hospital**

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## ***Program Overview***

### **Objective/ Eligibility/Criteria/Required Materials/Application Process**

#### **Objective**

The Medical Laboratory Cooperative Scholarship is designed to offer financial assistance to qualified students with the goal of providing Nationwide Children's Hospital with well trained, dedicated medical lab technicians. The program grants awards throughout the year to assist students at the Junior or Senior level in a Bachelor prepared accredited program or six months into an accredited AD program. These scholarships reflect a major commitment on the part of Nationwide Children's Hospital to assist with economic barriers that prevent some students from pursuing medical laboratory careers.

#### **Eligibility**

Students enrolled in good-standing at an accredited university, college, or technical school, pursuing a degree in Medical Laboratory may apply for the scholarship. Students are eligible if no more than 18 months from and at least 3 month until graduation

Must be a fulltime students at least 6 months into an accredited Associates Degree Program or students entering their Junior/Senior year in the process of obtaining a Bachelors degree are eligible.

\* Masters Education levels are not eligible for this scholarship.

#### **Selection Criteria**

Priority will be given to applicants who:

- Are members of one of the underrepresented groups in the medical laboratory program. Underrepresented groups include American Indian or Alaska Native, Black or African American, Hawaiian Native or other Pacific Islander, Hispanic or Latino and any Asian including Chinese, Filipino, Japanese, Korean, Asian Indian, Thai or Vietnamese/ Southeast Asian.
- Demonstrate capacity and interest in pediatric medical lab technology and a clear commitment to the health care field as a career.
- Have previous involvement in work, student, or volunteer activity at Nationwide Children's Hospital or another health care institution.
- Academic performance
- Socio-economic background and/or commitment to care for diverse patient populations.

### **Required Application Materials:**

- Completed Scholarship Application- (download and print from website)
- 3 Reference Letters
  - 2 from Faculty/ Clinical Instructors
  - 1 from Current or Past employer
- Essay- one page typed. Please reflect on the following statement.
  - Nationwide Children's has an extremely diverse patient population. Please use a separate sheet of paper to discuss in your own words your background and what would qualify and assist you in interacting with our diverse patient population.
- Accomplishments: on a separate sheet of paper please list any additional accomplishments, honors, scholarship, community or volunteer work and/or school involvements. Include other significant achievements that you would like to share with the scholarship committee.
- Official Transcript(s) from all institutions attended, including GPA
  - It must be sent directly from the school; student-issued copy will not be accepted.

Must be addressed to: **Human Resources**  
**Nationwide Children's Hospital**  
**700 Children's Drive**  
**Columbus, OH 43205**  
**Attn: Marc Mercurio**

### **Applications Process**

Applications will be accepted throughout the year. Scholarship applications will be reviewed as soon as all required documents are received. All qualified applicants will be contacted via phone to set-up an interview with the scholarship committee within 2 weeks of receiving the completed application packet. If your application is not accepted you will receive a letter in the mail within 3 weeks.

### **Postgraduate Requirements**

Upon completion of the degree, medical laboratory scholarship recipients are required to fulfill a work commitment (2080 hours at a fulltime status) or make financial repayment for the award. Persons employed by Nationwide Children's Hospital are employed on an at will basis. The Internal Revenue Service considers scholarships as income and requires taxation of awarded funds.

**Questions regarding the program, please contact...**

Marc Mercurio

Employment Specialist

Nationwide Children's Hospital

Phone: (614) 355-4160

Fax: (614) 355-4141

E-mail: [Marc.Mercurio@NationwideChildrens.org](mailto:Marc.Mercurio@NationwideChildrens.org)

**Nationwide Children's Hospital**

Columbus, Ohio

**APPLICATION FOR SCHOLARSHIP**

Vocation Applying For: <input checked="" type="checkbox"/> Medical Laboratory
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**PERSONAL:**

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Last	First	Middle (complete)
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Current Address \_\_\_\_\_

Street	City	State	Zip
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Permanent Address \_\_\_\_\_

Street	City	State	Zip
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Telephone No: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you authorized to work in the United States? YES NO (please circle answer)

**ACADEMIC INFORMATION:**

I am currently enrolled at \_\_\_\_\_

(University, College or School)	(City & State)
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My major(s) is: \_\_\_\_\_

Start date of school term: \_\_\_\_\_ My anticipated month and year of graduation is: \_\_\_\_\_

(Must be within 18 months of graduation to apply)

My current cumulative grade point average is: \_\_\_\_\_

The degree I am currently pursuing is: \_\_\_Diploma \_\_\_Associates \_\_\_Bachelors

I have \_\_\_\_\_ completed hours of a total degree requirement of \_\_\_\_\_ hours.

I will take \_\_\_\_\_ hours during the academic year.

**PREVIOUS EDUCATION**

Educational Level	Name of School	Dates Attended	Degree	Major
High School:				
College:				
Other:				

**EMPLOYMENT HISTORY:**

*Begin with most recent or current employer*

Organization	From	To	Immediate Supervisor	Salary	Reason for leaving
Name of Company:  Address:  Telephone: ( ) _____					
Describe Position and Duties:					
Name of Company:  Address:  Telephone: ( ) _____					
Describe Position and Duties:					
Name of Company:  Address:  Telephone: ( ) _____					
Describe Position and Duties:					
Name of Company:  Address:  Telephone: ( ) _____					
Describe Position and Duties:					

May we conduct a detailed job reference check? \_\_\_Yes \_\_\_No

WHOM DO YOU WISH US **NOT** TO CONTACT? \_\_\_\_\_

If answer is yes, I hereby authorize my present and former employers, schools, and any other references to give any information they may have regarding me. I hereby release them and their companies from all liability for issuing same.

Signature \_\_\_\_\_

## GENERAL APPLICATION QUESTIONS

*Nationwide Children's Hospital has an extremely diverse patient population. Your answers to the following questions are optional, but will assess the degree to which its scholarships are awarded to students of diverse socio-economic backgrounds.*

1. Please indicate the city or cities in which you were raised: \_\_\_\_\_
2. If applicable, please indicate your parent's education level (grade school, high school, college).  
Father \_\_\_\_\_ Mother \_\_\_\_\_
3. Indicate whether you are familiar with or are fluent in any language other than English. \_\_\_\_\_  
If yes, please explain level of fluency: \_\_\_\_\_  
Please explain basis for your experience: \_\_\_\_\_



## Reference Release from Clinical Instructor

Applicant Name (please print): \_\_\_\_\_

I authorize you to release to Nationwide Children's Hospital any information you may have available concerning my clinical performance in school and release you from liability whatsoever for issuing the requested information.

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

To the Clinical Instructor: The above applicant has applied for employment and has given your name as a reference. Please check the column that most clearly characterizes your appraisal of this applicant as a student in the clinical environment.

Category	Excellent	Commendable	Average	Weak
Personal Appearance				
Clinical Knowledge				
Professionalism				
Maturity				
Character				
Motivation				
Attendance/Punctuality				
Interpersonal Skills				

Rotation type: \_\_\_\_\_

Dates Completed: \_\_\_\_\_

In comparison to the others in this class, how would you rank this student?

Upper 10% \_\_\_\_\_ Upper 25% \_\_\_\_\_ Middle \_\_\_\_\_ Lower 25% \_\_\_\_\_ Lower 10% \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_



**COOPERATIVE SCHOLARSHIP PROGRAM  
GUIDELINES FOR EMPLOYER RECOMMENDATIONS**

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Dear Employer:

The individual below has applied for the **Medical Laboratory Cooperative Scholarship** being offered by Nationwide Children's Hospital, Columbus, Ohio. The terms of the scholarship stipulate that the recipient accepts employment at Nationwide Children's Hospital upon completion of the academic program. We appreciate your candor in commenting about your employee in the areas suggested below. Please return this form to: Marc Mercurio, Human Resources, Nationwide Children's Hospital, 700 Children's Drive, Columbus, Ohio 43205

**Your Name, Title & Address:** \_\_\_\_\_  
\_\_\_\_\_

**Name of Employee:** \_\_\_\_\_

**I. JOB PERFORMANCE**

**II. COMMITMENT TO QUALITY & SERVICE**

**III. INTERPERSONAL SKILLS**

**IV. RELIABILITY/ DEPENDABILITY**

**V. POTENTIAL CONTRIBUTION TO PROFESSION**

# SCHOLARSHIP APPLICATION CHECK LIST

**NAME OF APPLICANT:** \_\_\_\_\_

Thank you for your interest in the **Medical Laboratory Cooperative Scholarship** at Nationwide Children's Hospital. In order to process your application, all of the following items must be received in our department.

You will need:

- \_\_\_\_\_ • **Completed Scholarship Application (download and print from web site)**
- \_\_\_\_\_ • **Essay: one-page, typed. Please reflect on your background and qualifications that would assist you in interacting with our diverse patient population.**
- \_\_\_\_\_ • **List of Accomplishments- honors, community or volunteer work, school organizations or involvements.**
- \_\_\_\_\_ • **Three Recommendations- two from faculty/ clinical instructors and one from a current or past employer.**
- \_\_\_\_\_ • **Official transcript(s) from all institutions attended, including grade point average. Must be sent directly from school.**

\* Please send the completed application, essay, and list of accomplishments in a packet along with this checklist.

\* Reference letters and official transcript(s) must be sent directly from schools or individual references.

**Mail to:**

**ATTN: Marc Mercurio  
Human Resources  
Nationwide Children's Hospital  
700 Children's Drive  
Columbus, OH 43205  
(614) 355-4160**