



Allied Health / Nursing Scholarship

2024 High School Scholarship Award Cycle

Application Deadline is March 22, 2024

West Feliciana Hospital (the “Hospital”) awards up to two (2) scholarships on an annual basis to a current or former residents of West Feliciana Parish (the “Parish”) who are pursuing a career in an Allied Health Profession or as a Registered Nurse.

Such scholarships are in the amount of \$5,000 per student per calendar year. The total money available to the student is not to exceed \$10,000 total. The scholarship may be used at any accredited college, university, or vocational/technical school in Louisiana.

Interested students, especially those currently attending a qualified school and curriculum (regardless of proximity to graduation) should apply using the Scholarship Application attached or available by emailing WFH Human Resources Department at HR@wfph.org.

Eligible Tuition

Only tuition incurred at an accredited allied health program in the United States or accredited nursing program located in Louisiana is eligible. Once the recipient is accepted into a qualified program, WFH will pay the tuition billed to the recipient before each semester directly to the school.

Employment/Forgiveness

Louisiana State Law dictates most of the provisions of this Scholarship program, including the requirement that the recipient must sign an agreement to commit to return to work after graduation. In addition to standard compensation and benefits, WFH agrees that it will forgive and cancel, beginning on the first day of the month of first month of employment, \$10.00 per hour of employment that Student remains a full-time employee practicing in their respective.

All applicants are encouraged to review and familiarize themselves with the details in the Agreement.

Attachments - WFH Allied Health and Nursing Scholarship Packet

1. Scholarship Application
2. WFH Allied Health and Nursing Scholarship Policy
3. Scholarship Agreement



WEST FELICIANA HOSPITAL

ALLIED HEALTH/NURSING SCHOLARSHIP APPLICATION

INSTRUCTIONS: Applicants should (1) verify their eligibility, (2) review checklist, and (3) complete and sign the application.

Submit completed application and required documentation no later than **March 22, 2024**, by mail: Human Resources, West Feliciana Parish Hospital, P.O. Box 368 St. Francisville, La 70775 or via email to HR@wfph.org

GUIDELINES FOR ELIGIBILITY

- A United States citizen and resident of Louisiana.
- Current or former resident of the Parish.
- Accepted into or currently enrolled in an eligible allied health profession at an accredited college, university or vocational/technical school in the United States or engaged in an internship, residency, or similar program in the United States during the academic year for which the scholarship is given.
- Accepted into or currently engaged in the study of nursing as a registered nurse at an accredited school of nursing located in the state of Louisiana during the academic year for which the scholarship is given.
- Submit to an interview with the Scholarship Selection Committee.
- Agree to contract with the Hospital for employment upon completion of degree/license.

CHECKLIST

- ☐ A complete WFPH Scholarship Program Application
- ☐ Written essay reviewing the applicants career path, interest in the field, and reason for applying
- ☐ Two letters of recommendation
- ☐ Official Transcript (High School and College if applicable)
- ☐ An official report of SAT or ACT scores

SIGNATURE

NAME: _____

SIGNATURE: _____

Date: _____

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt./Unit #

City State Zip Code

Phone: _____
Home Cell

Date of Birth: _____ Place of Birth: _____

Email: _____

Are you a citizen of the United States? YES NO

Gender (optional)? MALE FEMALE

Race or ethnic group (optional)? _____

HIGH SCHOOL EDUCATION

High School: _____

Address: _____

Cumulative GPA: _____ Class Rank: _____

Date of Graduation: _____ GED Program: _____

Score: _____ Date of Completion: _____

ACT Score: _____ Date: _____

SAT Score: _____ Date: _____

COLLEGE EDUCATION

School Name: _____

Date/Expected Date of entry: _____

Field of Study: _____

GPA (if applicable): _____ Expected date of graduation: _____

FAMILY

Parent/Guardian _____ Living _____ Deceased _____

Home/Cell Number _____ Family Income _____

COMMUNITY INVOLVEMENT

List all volunteer and Community services activities during the past five years.

Type of activity	Hours/Week	Position
------------------	------------	----------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACTIVITIES

List all your extracurricular activities in order of their interest to you.

Type of activity	Position
------------------	----------

_____	_____
_____	_____
_____	_____
_____	_____

AWARDS AND HONORS

List all your academic and community awards and honors.

Honor

Date

WRITTEN ESSAY

Please write an essay on the topic below. You May attach your essay to this application.

Tell us about why you wish to become an allied health professional or registered nurse. Be sure to include understanding that you will be required to work as an allied health professional or registered nurse in the area selected by the Board of Commissioners.