Thank you for your interest in Suburban Hospital’s educational opportunities. We currently offer two scholarship programs, as well as a generous tuition reimbursement program. An application, references, and interview are required.

For both programs – the Casey Scholars Program and the Suburban Hospital Scholars Program – the amount of the scholarships awarded will vary depending on the costs associated with the program. All scholarships are awarded based upon actual expenses for books, tuition and fees per academic year and the availability of funds. Suburban Hospital reserves the right to modify financial support based on actual expenses. Funds awarded as scholarships will be sent directly to the schools.

Scholarship recipients must commit to working at Suburban Hospital for a minimum of one year, or commensurate with the amount of financial support received. In the event that a scholarship recipient does not fulfill his or her work commitment, the scholarship must be repaid. Depending on financial situations, scholarship recipients may have income tax liability for all, or part, of their scholarship awards.

THE CASEY SCHOLARS PROGRAM

Since 2003, The Eugene B. Casey Foundation has committed to providing support for the undergraduate, graduate and continuing education of nurses and other key caregivers by funding the Casey Scholars Program at Suburban Hospital. This program is designed to assist Suburban Hospital in providing optimal care to patients by increasing its number of new nurses, while retaining and strengthening its existing staff of caregivers through advanced and graduate training opportunities.

Scholarships are offered to employees and non-employees individuals entering into a basic (RN; RN to BSN; accelerated BSN) or advanced practice (MSN; Ph.D.; DNP) nursing program and to employees pursuing graduate study in other fields when there is a identified need at Suburban Hospital. There is a preference for candidates in their last two years of study and all recipients must maintain a 3.0 GPA (on a 4 point scale).

In addition to contributing to the supply of registered nurses in the workforce, Casey scholarships may finance internships in specialty areas, certifications and leadership development programs for Suburban Hospital employees.

THE SUBURBAN HOSPITAL SCHOLARSHIP PROGRAM

The Suburban Hospital Scholarship Program is designed to promote the recruitment and retention of individuals who are currently working at Suburban Hospital and want to further their careers through education. Since 1989, scholarships have been available to candidates who have been accepted into accredited programs in nursing and allied health areas where there is an identified need such as:

- Radiology / Respiratory / Medical Technology
- Physical or Occupational Therapy
- Physician Assistant
- Pharmacy

A grade point average of 2.5 (on a 4 point scale) is required to apply, and must be maintained in order to retain the scholarship.
TUITION REIMBURSEMENT / EDUCATION ASSISTANCE

Tuition Reimbursement is also available to all full-time and part-time regular employees at Suburban Hospital. The maximum amount for full-time employees is $2,500 and part-time is $1,250 per calendar year. Employees must complete the course(s) with a passing grade before seeking reimbursement.

Funding is also available to full and part time employees for the education required for certification/re-certification to a maximum of $500 annually.

TO BE CONSIDERED

To be considered for either a Casey Scholarship or Suburban Hospital scholarship, you must complete and provide the following information:

- An application;
- Two letters of recommendation from academic or professional sources who are familiar with your work/study habits;
- A letter of acceptance or good standing from the program in which you are enrolled;
- An official copy of your relevant college transcript;
- Copy of a submitted FAFSA form and/or a financial aid award letter.

The application deadline is April 30 for consideration for the fall semester; November 30 for consideration for the winter term.

Please submit your application to:

Suburban Hospital
8600 Old Georgetown Road
Bethesda, Maryland 20814
ATTN: Scholarship Committee/Community Relations

If you have any questions, please feel free to contact (301) 896-3916.

Leslie Ford Weber
Director, Government & Community Affairs for Montgomery County
APPLICATION
SUBURBAN HOSPITAL SCHOLARSHIP PROGRAMS

I wish to be considered for the following scholarship (you may check both if eligible) –

- **Casey Scholars**
  - **Eligibility:** Individuals accepted to or enrolled in a basic or advance practice nursing program, or graduate study in other fields when there is an identified need at Suburban Hospital. Minimum GPA is 3.0.

- **Suburban Hospital Scholarship Program**
  - **Eligibility:** Current employees who have been accepted to or enrolled in Nursing or an allied health program, such as Radiology, Respiratory, Medical Technology, Physical Therapy, Occupational Therapy, Physician Assistant or Pharmacy, where there is an identified need. Minimum GPA is 2.5.

Name:____________________________________________  Student ID: __________________________

Address: ___________________________________________________________________________________

Email: ___________________________________________________________________________________

Telephone:  Home ( )_________________________ Mobile: ( )_________________________
            Work: ( )_________________________

If you are currently employed at Suburban Hospital, please supply the following information:

Department _____________________________________________  Position ___________________________

Avg hours per week ________________

**Academic History:**

<table>
<thead>
<tr>
<th>School &amp; Location</th>
<th>Field(s) of Study</th>
<th>Years Attended</th>
<th>Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>HighSchool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergraduate</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Graduate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Professional Licensure, Certification:**  *(please list)*

_________________________________________________________________________________________

**Program in which you are enrolled (for which you seek scholarship):**

School Name and Location:______________________________________________________________

Field of Study:_____________________________________________  Current GPA:______________

Credits taken: _____ Credits needed to graduate : _____  Expected Completion Date:______________

January 2013
Employment History:

<table>
<thead>
<tr>
<th>Position</th>
<th>Employer</th>
<th>Hours/week</th>
<th>Dates from / to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Prior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other interests, hobbies, leadership roles, volunteer activities, etc.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Costs: Please provide an estimate of your program costs for the term(s) for which you are applying for scholarship support. You must submit a copy of a financial aid award letter as soon as it is available.

<table>
<thead>
<tr>
<th></th>
<th>Fall 20___</th>
<th>Spring 20___</th>
<th>Summer 20___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$__________</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>Books</td>
<td>$__________</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>Required fees</td>
<td>$__________</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$__________</td>
<td>$___________</td>
<td>$___________</td>
</tr>
</tbody>
</table>

Other support: Please indicate if you will be receiving any of the following types of support and the anticipated amount.

<table>
<thead>
<tr>
<th></th>
<th>Fall 20___</th>
<th>Spring 20___</th>
<th>Summer 20___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition reimbursement</td>
<td>$__________</td>
<td>$___________</td>
<td>$___________</td>
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<tr>
<td>Scholarships / Grants</td>
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<td>$___________</td>
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<tr>
<td>Loans</td>
<td>$__________</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$__________</td>
<td>$___________</td>
<td>$___________</td>
</tr>
</tbody>
</table>

The information given above and in the attached essay is true and accurate to the best of my knowledge.

________________________________________________________________________________________
Applicant Signature
Date

January 2013
APPLICATION ESSAY
SUBURBAN HOSPITAL SCHOLARSHIP PROGRAMS

In 300 words or less, please discuss your motivation for choosing this career direction, your career goals, and your plans to achieve them. (If you are not currently living in the mid-Atlantic region, please also describe your interest in relocating to Maryland in order to fulfill the work commitment.)