



Carilion New River Valley Medical Center Nursing Scholarship Application

The CNRV Nursing Scholarship shall provide financial assistance of up to \$1,000 to a Carilion New River Valley Medical Center employee who is enrolled in an accredited school of nursing seeking a degree. Funds from the scholarship may support tuition and required textbooks. This scholarship is made possible by generous donations to the Carilion Clinic Foundation by the staff and physicians of CNRV.

Criteria:

1. Be full-time or regular part-time employee of Carilion New River Valley Medical Center (0301)
2. Live out and show the values of Carilion Clinic and CNRV
3. Be enrolled in accredited nursing degree program (LPN, RN, BSN, MSN, DNP)

Requirements:

1. Demonstrate a commitment to CNRV and Carilion Clinic
2. Have no disciplinary actions in your employment file in the last 12 months.
3. Complete the semester that the scholarship is received. If recipient withdraws or is dismissed from the school, the recipient must reimburse the Foundation for the full scholarship amount, plus \$100 administrative fee within 90 days of withdrawal from the school or semester.
4. Sign an agreement with the Foundation regarding the terms of scholarship and the responsibility for those terms.

Checklist for applying for scholarships:

- ☐ **Complete the scholarship application.** If items are missing, the application will be considered incomplete and **will not** be reviewed. The Foundation will not notify you of missing items.
- ☐ **Forward all application materials to the Carilion Clinic Foundation**
(Office hours M-F 8:30 AM – 4:30 PM) **on or before the May 1, 2027 Deadline**
- ☐ All applicants will be notified about scholarship application outcome after May 8, 2027.

Applicants please send the following to the foundation office.

1. The completed application
2. Your Resume or CV
3. An unofficial transcript of previous semesters for the degree that you are presently seeking. If this is your first semester or first semester of school, please send information that shows how you are doing in your course work.
4. Official documentation that you are in nursing degree program
5. References from the following: 1. Your manager and 2. Two from community members not related to you. These should be sent directly to the foundation office by the person providing the reference.

Please forward completed scholarship application packet to:

Carilion Clinic Foundation, 903 S. Jefferson Street, Roanoke VA 24016 or email the packet to foundation@carilionclinic.org.



Carilion Clinic Foundation Scholarship Application

For assistance with this application, contact:

Carilion Clinic Foundation at 540-224-4544 **OR**

Nicole Arbogast at 540-224-4541/ncarbogast@carilionclinic.org

Forward completed application packet to:

Carilion Clinic Foundation, 903 S. Jefferson Street, Roanoke VA
24016 **OR** email the packet to foundation@carilionclinic.org.

Submission of the following material is required to be considered for the scholarship

Name: _____

Address: _____

City, STATE ZIP: _____

Email: _____

Phone: _____

Are you receiving financial assistance from Carilion for your education? ____ Yes ____ No

If yes, how much do you anticipate in 2025 _____

List of references-please have your reference mail the attached form directly to the foundation office

Your Manager _____

Second Reference Name _____ Position _____

Third Reference Name _____ Position _____

Applicant Statement: I certify that all information provided is true and that it may be distributed for the purpose of determining eligibility. I understand that submission of this application does not guarantee that I will receive or continue to receive scholarship funds. I understand that the Carilion Clinic Foundation is not responsible for any confidential information contained in these forms that is intercepted and disseminated by a third party without my knowledge.

Name _____

Date _____



Carilion Clinic Foundation 2027 Scholarship Application

For assistance with this application, contact:
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Nicole Arbogast at 540-224-4541/
ncarbogast@carilionclinic.org

Essay question 1: Please respond to the following essay question in the area provided below. What degree are you pursuing? Explain your career goals in the near and distant future. Describe how you wish to contribute to the advancement of the nursing profession.



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Essay question 2: Please respond to the following essay question in the area provided below. Please discuss which Carilion value that you demonstrate the most and one in which you may need to focus more attention. (Carilion values of compassion, curiosity, courage, community and commitment)

Applicant Statement: I certify that all information provided is true and that it may be distributed for the purpose of determining eligibility. I understand that submission of this application does not guarantee that I will receive or continue to receive scholarship funds. I understand that the Carilion Clinic Foundation is not responsible for any confidential information contained in these forms that is intercepted and disseminated by a third party without my knowledge.

Name

Date



Carilion Clinic Foundation CNRV Nursing Scholarship Recommendation Form.

Name of Applicant:

Name of Reference:

Title:

Street Address:

City/State/Zip:

Phone:

E-mail:

On a scale of 1 to 4 (1 being the low and 4 being high) please rank this applicant on each category:

(NA is Not applicable or not information to be a judgement)

	1	2	3	4	N/A
Clinical Ability	☐	☐	☐	☐	☐
Team player	☐	☐	☐	☐	☐
Leadership Qualities	☐	☐	☐	☐	☐
Oral Communication Skills	☐	☐	☐	☐	☐
Patient experience skills	☐	☐	☐	☐	☐
Potential for success	☐	☐	☐	☐	☐

Overall recommendation: ☐ Strongly Recommend

☐ Recommend

☐ Do Not Recommend

Please comment on any aspect of the applicant's background, experiences, community involvement, etc., that will help the scholarship committee evaluate this individual's suitability for scholarship.

By providing my name below, I indicate that all information contained in this recommendation is correct to the best of my knowledge, and it may be distributed for the purpose of evaluating and awarding scholarships at the Carilion Clinic Foundation.

Name:

Date:

Applicant- Please give a reference form to the following: 1. Your Manager 2. 2-other people that are not related to you such as CNRV Nurse, CNRV staff member, a CNRV provider or community member. We must receive these references by May 1, 2027

If you are providing the reference, please DO NOT give the form back to the applicant

PLEASE SEND THE COMPLETED REFERENCE TO: The Carilion Clinic Foundation, 903 S. Jefferson Street, Roanoke, VA 24016 or foundation@carilionclinic.org.