



## Maryland Association for Health Care Recruitment

### Georgan R. Kline Scholarship for Nursing and Allied Health Careers

The Maryland Association for Health Care Recruitment has established funding for two (2) scholarships: one Nursing scholarship in the amount of **\$2,000** and one Allied Health scholarship in the amount of **\$2,000**. These scholarships are awarded in memory of “Georgan Ruth Kline.” Georgan held various positions during her career to include Director of Human Resources at Sinai Hospital, Recruiter at Union Memorial and Church Hospital, and her last position at Mt. Washington Pediatric Hospital until her passing in 2007. Georgan was extremely committed to healthcare recruitment and was an active dedicated member of MAHCR.

#### Scholarship Overview

1. Scholarships are awarded on an annual basis. This scholarship is a one-time award.
2. Completed applications will be accepted until the *date of Saturday, April 1, 2017*.  
**Transcript of last semester of education completed must be attached.**  
Those applications received after this date or without the complete package of required items will be disqualified.
3. Applicants will be notified of the Committee’s decision no later than *Monday, May 15, 2017*.

#### Criteria for Selection of Scholarship Recipients

1. Applicants may be in their sophomore, junior or senior year of their undergraduate traditional nursing program, or in an entry-level educational program leading to licensure or certificate in allied health. Graduating students (completing their programs) are also eligible.
2. Applicants must have a GPA of at least 3.0
3. Applicants must be a permanent resident of Maryland
4. Scholarships will be awarded on basis:
  - a) Academic achievement
  - b) 1- page typed essay
  - c) Two letters of reference

**\*\*Note:** Scholarships may not be used to attend professional development seminars or workshops. They are for entry level educational programs leading to licensure or certificates in nursing or allied health.

#### **Timetable**

April 1, 2017	Due date for application
May 15, 2017	Recipients of scholarship award notified
June 7, 2017	Presentation of Award



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**Nursing and Allied Health Careers**

(PRINT LEGIBLY)

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL \_\_\_\_\_

Last 4 digits of SSN \_\_\_\_\_ SEX: ☐ Male ☐ Female

How did you hear about this scholarship? \_\_\_\_\_  
\_\_\_\_\_

Name of School Currently Attending \_\_\_\_\_  
School Address \_\_\_\_\_

Degree/Allied Health Program \_\_\_\_\_

Academic status as of January, 2015 (please check only one):

☐ Sophomore ☐ Junior ☐ Senior ☐ Technical

Current GPA: \_\_\_\_\_ Enrolment Status: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
(Verified by transcript)

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_



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**Essay: (Required)** Discuss your future goals as a Healthcare professional and how this scholarship would help you to achieve these goals. Maximum length: one typed page.

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**Letters of Reference: (Required)** Attach two letters of reference. Reference letters should be on letterhead and addressed to the MAHCR scholarship committee and should provide insight into your personality, work ethic, values and need for the scholarship.

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**College/University/Technical School Information: (Required)** Applicants *actively* enrolled in a current course of study must include an official college/university/technical school transcript and proof from registrar's office that you are currently enrolled in school. Applicants who have just been accepted to a nursing or allied health program should submit a copy of the letter of acceptance from the college/university/technical school along with transcript.

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**Application Checklist:** This application becomes complete and valid only when you have returned all of the following materials:

- ☐ Signed application
- ☐ Response to essay
- ☐ Two (2) letters of reference
- ☐ College/Technical School transcript and proof showing current enrollment
- ☐ Letter of acceptance into nursing or allied health program (if applicable)

Complete application package must be received by deadline of **April 1, 2017**.

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**Signature:** By submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship awarded and obligation to repay all funds disbursed. This application becomes the property of MAHCR.

Applicant's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Return this application with supporting documentation in one pdf file via email to:

**Lisa Ramming**  
**Johns Hopkins Health System**  
**Email address: Lrammin1@jhmi.edu**