

Dorchester General Hospital Foundation, Inc.

P.O. Box 101 • Cambridge, MD 21613

SCHOLARSHIPS AND GRANTS COMMITTEE

Financial Assistance Grants for Staff Training & Certification

The Jesse Stevens Fund, managed by DGH Foundation, allows for financial assistance grants up to \$2,000 for those in the nursing field who are already working in our local medical facilities within Dorchester County, as well as scholarships for Dorchester County graduate nurses in formal degree programs or currently enrolled nursing students.

These funds can be used for classes taken to expand career abilities, and for renewal of current or new certifications. If you are interested in being considered for our assistance program, please complete the application form. The completed application form should be submitted to the DGH Foundation Scholarships and Grants Committee at the address shown above. Please note that work experience and employer/supervisor recommendations are critical in our review process.

If the application is determined to be acceptable and it meets the guidelines and the intent of the program, then the actual award amount would be given by check to the school or training organization in which the applicant is to be enrolled. **If prepayment is required by the applicant, they can be reimbursed by submitting a copy of the registration and proof of attendance.**

For questions or further information, please contact Joy Loeffler, Committee Chair, at 410-228-3941 or jnrloeffler@verizon.net.

We look forward to receiving your application.

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SCHOLARSHIP AND GRANTS COMMITTEE APPLICATION FOR STAFF TRAINING AND CERTIFICATIONS

For nurses who are county residents or working in Dorchester County, Dorchester County graduate nurses in formal degree programs or currently enrolled nursing students.

****Please note:** Incomplete or illegible applications will NOT be considered.

NAME (First Name, Middle Initial, Last Name):

Address: _____

Phone: _____ **Email:** _____ **Date of Birth:** _____

EMPLOYMENT HISTORY FOR PAST 5 YEARS:

NAME AND LOCATION OF TRAINING ORGANIZATION YOU PLAN TO ATTEND:

COURSES/TRAINING SESSION TOPICS:

BRIEFLY EXPLAIN HOW THIS COURSE WILL ASSIST YOUR NURSING CAREER:

SUPERVISOR RECOMMENDATION:

SUPERVISOR NAME (PLEASE PRINT):

DATE: _____

REQUIRED APPLICANT STATEMENT

I agree that this application has been completed by the individual requesting this scholarship/grant and that it is truthful and accurate. I understand that this application will remain the property of the Dorchester General Hospital Foundation, Inc., Grant Committee for the period of time necessary to review and decide the awards.

APPLICANT SIGNATURE: _____

PLEASE PRINT NAME: _____

DATE: _____

9/3/2024