

St. John Detroit Riverview Hospital PARtners FORE Health Scholarship Fund

The St. John Detroit Riverview Hospital (SJDRH) PARtners FORE Health Scholarship Fund was established with funds raised through the PARtners FORE Health annual golf outing. Proceeds from this event were used to establish a fund designated to provide scholarship funding for St. John Detroit Riverview Hospital associates.

On June 30, 2007 St. John Detroit Riverview Hospital was closed for service. The purpose of this document is to provide guidelines to disburse these funds in accordance with their intent and to outline an approach should this not be possible.

The PARtners FORE Health Scholarship Fund will be held by the St. John Health Foundation to provide structure and oversight for the scholarship award process.

Process Guidelines

1. These funds were raised by St. John Detroit Riverview Hospital with the intent that they support scholarships for St. John Detroit Riverview Hospital associates.
2. Full or part-time associates of SJDRH on or after April 25, 2007 who were in good standing (no disciplinary actions within the previous six (6) months), are eligible to apply for a scholarship. Former SJDRH associates (i.e., employed on/after 4/25/07, but no longer employed by SJH) may also apply.
3. Applicants must be enrolled in a career program leading to a degree or certificate recognized as a career employable within St. John Health.
4. Applicants who are current SJH associates must be in good standing, with no disciplinary actions within the last six months of employment at SJH.
5. Requests for applications and submission deadlines will be published in the St. John Express and on the St. John Health intranet and internet sites.
6. Applicants must complete a PARtners FORE Health Scholarship application. This application is available on the SJH intranet site, SJH internet site, or by calling the St. John Health Foundation at 586.582.7500 and requesting an application.
7. The application is to be submitted to the Vice President, Donor Relations and Stewardship, Foundation Office, 1471 E. 12 Mile Road, Madison Heights, MI 48071.
8. The scholarship selection committee will be established to review all applications. The selection committee will consist of a minimum of five members. Representation will include a minimum of two Work Life Services Directors: Vice President, Donor Relations, St. John Health Foundation; and two (2) additional representatives, preferably former SJDRH associates.
9. The selection committee will determine the recipient(s) and the scholarship amount(s) (maximum of \$2000) per individual, per year. The process will consist of a review of

the application, and if deemed appropriate by the committee, an interview will be scheduled.

10. On an annual basis, the selection committee will evaluate the demand for and the rate of utilization of the fund. The committee retains the ability to broaden the use of the fund to include immediate family members of former SJDRH associates. Former associates must meet the defined criteria in order for family members to be considered for a scholarship award.

11. The decision of the committee will be final.

12. Timelines for notification

For classes beginning in fall 2007, applications must be received by September 30. Decisions will be completed by October 31, 2007 and applicants will be notified as quickly as possible.

For classes beginning in winter 2008, applications must be received by December 1, 2007. Decisions will be completed by December 31, 2007 and applicants will be notified as quickly as possible.

13. A recipient may be awarded a subsequent scholarship through re-application at a later date.

**St. John Detroit Riverview Hospital
PARTners FORE Health Scholarship Application**

Name _____
Last First Middle Initial

Address _____
Street City/State Zip

Home/Cell Phone _____

Current affiliation with SJH (if any) _____

Department _____ Work Phone _____ Supervisor _____

Employment dates for SJDRH _____

Current Employer if other than SJH _____

School _____ Field of Study _____

Anticipated graduation date _____

Current level of education _____

Have you applied for other scholarships or grants? _____

Have you received other scholarships or grants? _____

If yes, please indicate scholarship/grant and amounts (including this scholarship)

Briefly describe the study field that you are pursuing and why you are applying.

Attach additional required documentation

- Most recent performance evaluation
- Proof of enrollment in an accredited program
- Other supporting recommendation(s) from a supervisor, co-worker, or someone who is aware of your career/education plan

Signature _____ Date _____