

Information on Available Scholarships

H.E.L.P. – The Lawrence J. Dippold Health Education Loan Program

- Origin:** Established December 1989 by the Cortland Memorial Foundation Board of Directors
- Purpose:** To financially assist individuals in pursuit of health-related careers
To ensure an adequate number of trained professionals to staff Guthrie Cortland Medical Center
- Eligibility:** Prospective field of study
Financial need
Current status of enrollment
- Governance:** By the Cortland Memorial Foundation Scholarship Committee; representing the medical staff, the volunteer sector, the professional areas of nursing, human resources, education, finance and the Foundation

Margaret E. Reynolds Scholarship Loan for Nursing

- Origin:** Established April 1991 by Frank H. Reynolds in memory of his wife and in recognition of the nursing staff of Guthrie Cortland Medical Center
- Purpose:** To financially assist employees of Guthrie Cortland Medical Center who wish to enter or advance in the field of nursing
To ensure an adequate number of trained professionals to staff Guthrie Cortland Medical Center
- Eligibility:** Medical Center employee who has completed the GCMC probationary period
Financial need
Current status of enrollment
- Governance:** By the Margaret E. Reynolds Scholarship Loan Committee; representing the medical staff, the volunteer sector, the professional areas of nursing, hospital administration, social work, finance and the Foundation

Tuition Buy-Back Program

- Origin:** Established in the fall of 2001 through collaboration between Guthrie Cortland Medical Center and Cortland Memorial Foundation
- Purpose:** To provide funding assistance to qualified candidates who currently have student loans directly related to their position at GCMC
- Eligibility:** Hospital employee must have graduated with “good standing”, have current education loans that have not been in arrears or default
- Governance:** By the Cortland Memorial Foundation Scholarship Committee; representing the medical staff, the volunteer sector, the professional areas of nursing, human resources, education, finance and the Foundation

Please note: Application valid for one year only, subject to renewal

H.E.L.P.

Guidelines

- Completed Scholarship application to include:
 - a) Copies of financial aid form (**FASFA**) and most recent **Federal Income Tax Forms**
 - b) Essay stating career goals
 - c) Proof of acceptance into a health career program at an accredited educational institution
 - d) Official statement of enrollment as a full-time or part-time student
 - e) Report of personal financial resources
 - f) Statement of anticipated expenses
 - g) Transcript of high school or college record
 - h) Three (3) letters of recommendation (personal, professional and academic) sent *directly* to Scholarship Committee of the Cortland Memorial Foundation
(*See letter of reference(s) at end of application.*)
- Personal interview by the Scholarship Committee members and the Foundation's Executive Director may be requested
- Personal interview with nurse manager or department director of prospective area of employment may be requested

Financial Considerations

- Monies awarded on an annual basis
- Monies may be granted for the last two years of a four-year program (barring extraordinary circumstances)
- In some cases, tuition payment is made directly to recipient's educational institution
- No loan interest charged during recipient's enrollment
- Loan forgiven upon six months of full-time employment for each semester of financial assistance
- Recipient must sign loan agreement and demand note with Cortland Memorial Foundation
- Second semester funds will be paid providing:
 - a) Minimum of C average maintained
 - b) No significant change in financial status
 - c) Proof of completion of previous semester
 - d) Commitment to continue during incoming semester

Selection

- All applications reviewed by Scholarship Committee
- Merit of applicant
- Career Goals
- Availability of funds
- Personal interview by the Scholarship Committee members and the Foundation's Executive Director
- Personal interview with nurse manager or department director of prospective area of employment
- Prioritization of need as determined by GCMC Human Resources Department
- Individual must apply for employment, be accepted and commence employment at GCMC within 60 days after completion of professional studies

Margaret E. Reynolds Scholarship Loan for Nursing

Guidelines

- Completed Margaret E. Reynolds Scholarship Loan application to include:
 - a) Copies of financial aid form (**FASFA**) and most recent **Federal Income Tax Forms**
 - b) Essay stating career goals
 - c) Proof of acceptance into a nursing program at an accredited educational institution
 - d) Official statement of enrollment as a full-time or part-time student
 - e) Report of personal financial resources
 - f) Statement of anticipated expenses
 - g) Transcript of high school or college record
 - h) Three (3) references (*See letter(s) of reference at end of application.*)
- Personal interview by the Margaret E. Reynolds Scholarship Loan Committee members and the Foundation's Executive Director may be requested

Financial Considerations

- Monies awarded on an annual basis
- Monies may be granted up to a three year course of study (barring extraordinary circumstances)
- In some cases, tuition payment is made directly to recipient's educational institution
- No loan interest charged during recipient's enrollment
- Loan interest-free to recipient who continues employment at Guthrie Cortland Medical Center
- Recipient must sign loan agreement and demand note with Cortland Memorial Foundation
- Loan repayments to commence 90 days following completion of course of study or completion of degree
- Repayment plan based on amount of loan and length of college enrollment
- Second semester funds will be paid providing:
 - a) Minimum of C average maintained
 - b) No significant change in financial status
 - c) Proof of completion of previous semester
 - d) Commitment to continue during incoming semester

Selection

- All applications reviewed by Margaret E. Reynolds Scholarship Loan Committee
- Merit of applicant
- Career goals
- Availability of funds
- Personal interview by the Margaret E. Reynolds Scholarship Loan Committee members and the Foundation's Executive Director may be requested
- Personal interview with nurse manager or department director of prospective area of employment
- Prioritization of need as determined by GCMC Human Resources Department
- If studies are to attain an initial nursing degree, the individual must apply for employment, be accepted and commence employment at GCMC within 60 days after completion of professional studies

Tuition Buy-Back Program

Guidelines

- Completed Tuition Buy-Back Application to include:
 - a) New graduate candidate is required to provide three (3) references. The experienced candidate (licensed with a minimum of one (1) year of experience) is required to provide only a letter of professional recommendation.
 - b) Have a letter of recommendation submitted on your behalf from the GCMC Human Resources Department
 - c) Show proof of an outstanding loan(s) from an educational or financial institution and submit copies of your loan agreement or statement including loan details (lender name, address to mail payments, account #, balance and payments made).
 - d) Include a copy of your most recent tax return (This remains confidential in the Foundation Office)
 - e) Provide a “statement of career objectives”, stating career goals and why you are deserving of this award

Financial Considerations

- Be in “good standing” with current loans
- Monies are awarded on the recipient’s six and twelve month anniversary from the official “start date”
- All funds will be paid directly to the lending institution
- Candidate will sign an agreement with Cortland Memorial Foundation prior to all disbursements of funds

Selection

- All applicants are reviewed by the Cortland Memorial Foundation Scholarship Committee
- Must be in good standing as a GCMC employee
- Merit of applicant
- Career goals
- Availability of funds
- Personal interview by CMF Scholarship Committee and the Foundation’s Executive Director may be requested

Scholarship Application Form
APPLICATIONS WILL BE ACCEPTED FROM
MAY 1ST TO JUNE 1ST ONLY

Cortland Memorial
FOUNDATION

134 Homer Avenue, Cortland, NY 13045
607-756-3757
Cortland.foundation@guthrie.org

Funds applying for: Please check

- _____ Health Education Loan Program (HELP)
_____ Margaret E. Reynolds Scholarship (MER)
_____ Tuition Buy-Back (TBB)

This section applies to: **HELP** **MER** **TBB**

Name _____
(Last) (First) (MI) (Other)

Permanent Address: _____
(Street Address)

(City) (State) (Zip)

Mailing Address if different from above: _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ E-Mail Contact: _____

Are you over the age of 18? Yes _____ No _____

This section applies to: **HELP** **MER**

EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED:

Name of School: _____

Address of School: _____

Have you been formally accepted into a degree program for which funds are requested? Yes _____ No _____

- **Copy of acceptance letter must be included with application.** _____

Anticipated Degree or Certification: _____

Anticipated completion date of Degree Program or Certification: _____
(Month/Year)

Date you are scheduled to begin: _____ Full-Time _____ Part-Time _____

Seeking Financial Assistance for: Fall _____ Spring _____ Summer _____

FINANCIAL STATEMENT: (Full disclosure is required for consideration)

Anticipated income during the year covered by this scholarship application:

This section applies to: **HELP** **MER** **TBB (Section 1 Only)**

1)	Income (Please include a copy of your most recent Federal Income Tax return)	Spouse	Self	Total
	a) Wages and Salary	_____	_____	_____
	b) Interest & Dividends	_____	_____	_____
	c) Child Support/Alimony	_____	_____	_____
	d) Social Security	_____	_____	_____
	e) Disability Pmts.	_____	_____	_____
	f) Other (Specify)	_____	_____	_____
		TOTAL INCOME (a-f)		_____

*If you did not file a Federal Income Tax Return, please explain: _____

This section applies to: **HELP** **MER**

2)	Anticipated education related expenses during the year of application:			
	a) Tuition			_____
	b) Fees			_____
	c) Books			_____
	d) Other (Specify) _____			_____
		TOTAL EXPENSES (a-d)		_____

This section applies to: **HELP** **MER**

3)	Other sources of available funding:			
	a) Scholarship(s)			_____
	b) Grant(s) (PELL, HEOG....)			_____
	c) Loan(s)			_____
	d) Savings			_____
	e) Tuition Assistance (TAP)			_____
	f) Other (Please Specify) _____			_____
		TOTAL AVAILABLE FUNDING (a-f)		_____

4) **TOTAL FUNDING REQUESTED: (ALL APPLICANTS)** ➔ *

5) Are you currently receiving Tuition Assistance from GCMC?
(All GCMC employees must apply for GCMC Tuition Assistance through the HR Department.)

Yes _____ Annual Reimbursement Amount \$ _____ No _____

6) Have you filed a **Free Application for Federal Student Aid (FAFSA)** and enclosed a copy of your Student Aid Report (**SAR**)? Yes ___ No ___

7) Please indicate any unusual circumstances or expenses concerning your financial situation and obligations which would be helpful in assessing your need.

EDUCATIONAL BACKGROUND:

This section applies to: **HELP** **MER** **TBB**

List in chronological order all schools attended beginning with the most recent. Include current enrollment.
Insert extra pages if additional space is required. Do not substitute a resume.

Dates From/To	School/Location	Field of Study	GPA	Degree	Date of Degree

**** High School or College Transcript must be included with your application.** **HELP** **MER**

EMPLOYMENT:

This section applies to: **HELP** **MER** **TBB**

List work experiences in chronological order, beginning with present employment. Insert extra pages, if needed.
Do not substitute a resume.

Dates From/To	Job Title	Place of Employment	Responsibilities	FT/PT	Yearly Salary/Wage

REFERENCES:

This section applies to:

HELP (3) **MER (3)** **TBB (3) or (1) – see application overview**

Please list your reference(s) below and provide the individual(s) with a copy of the appropriate reference form included in this packet.

1) Professional Reference: Present Employer – (if not currently employed, use most recent employer).

Name: _____ E-Mail Contact: _____

Business Address: _____

Phone: _____

2) Educational Reference:

Name: _____ E-Mail Contact: _____

Address: _____

Phone: _____

3) Personal Reference:

Name: _____ E-Mail Contact: _____

Address: _____

Phone: _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby authorize CORTLAND MEMORIAL FOUNDATION to inquire of any of the above references to evaluate my job performance, educational background, and my personal and professional achievements stated within my application for this scholarship. I release all persons involved from any and all claims of whatever nature I might have as a result of any and all responses given to CORTLAND MEMORIAL FOUNDATION. Furthermore, I understand all responses are the confidential property of CORTLAND MEMORIAL FOUNDATION.

Signature _____

Date _____

STATEMENT OF ACCURACY:

I certify that, to the best of my knowledge, the information contained in this application is true and correct. I also agree to inform the scholarship committee of any future financial changes that are not listed on this application. I understand that this scholarship is not a guarantee of employment at GUTHRIE CORTLAND MEDICAL CENTER. I also understand that this application will not be considered for review unless it is signed, dated and complete, and that no materials will be returned.

Signature _____

Date _____

Please return to the Foundation Office by June 1st
Incomplete and late applications will not be accepted.

REMEMBER – It is your responsibility to make sure your recommendations have been received by the Foundation Office by the deadline date. We are happy to offer our assistance in any way.

REQUEST FOR PROFESSIONAL REFERENCE

HELP **MER** **TBB**

Name of Applicant: _____

Application and Reference Deadline: June 1st

References need to be returned directly to:

Cortland Memorial Foundation, 134 Homer Avenue, P.O. Box 2010, Cortland, NY 13045

The Cortland Memorial Foundation Scholarship Committee is accepting applications for the Health Education Loan Program, Tuition Buy-Back Program and Margaret E. Reynolds Scholarship Loan. These loan programs are designed to financially assist needy students pursuing health-related careers who are currently enrolled in an accredited school.

This applicant has indicated either a past or present association with you and/or your organization. Your cooperation is requested in providing a professional evaluation of the performance of this candidate while in your employ.

All information will be held in strictest confidence.

Thank you,
Cortland Memorial Foundation

POSITION HELD: _____

	Excellent	Good	Average	Poor
1) Quality of work	_____	_____	_____	_____
2) Initiative and judgment	_____	_____	_____	_____
3) Cooperation/flexibility to meet changing work conditions	_____	_____	_____	_____
4) Dependability, attendance and punctuality	_____	_____	_____	_____
5) Motivation for self-improvement	_____	_____	_____	_____
6) Technical knowledge/clinical capabilities	_____	_____	_____	_____
7) Ability to work with others	_____	_____	_____	_____

ADDITIONAL COMMENTS:

APPLICATION CHECKLIST

ELIGIBILITY REQUIREMENTS:

Are you.....

- 1) Officially accepted into an allied health program offered by an accredited educational institution?
- 2) Officially enrolled as a full-time or part-time student?
- 3) In need of financial assistance?
- 4) If you are applying for TBB, do you have an outstanding education loan?

You must answer YES to questions 1-3 above in order to be eligible for the CORTLAND MEMORIAL FOUNDATION'S Health Education Loan Program and/or Margaret E. Reynolds Scholarship Loan and

YES to #4 to qualify for the Tuition Buy-Back Program.

INSTRUCTIONS:

Have you.....

- 1) Typed or printed your application clearly?
- 2) Answered all questions on your application for the awards you are applying for?
- 3) Included a copy of your most recent Federal Income Tax Return?
- 4) Completed your Career Objectives on page 4?
- 5) Requested a copy of your official transcript from your high school or college (for current or enrolling students)?
- 6) Supplied copies of your Student Aid Report from filing your FAFSA (for current or enrolling students only) and your most recent Federal Income Tax Forms?
- 7) Requested (3) references to mail their letters in support of your application directly to the Cortland Memorial Foundation by **June 1st** if applying for HELP or Margaret E. Reynolds Funds.
- 8) If applying for Tuition Buy-Back funds, the new graduate candidate is required to provide three (3) references. The experienced candidate (licensed with a minimum of one (1) year of experience) is required to provide only a letter of professional recommendation.
ALL candidates need to include lender information including your name, account number, loan balance and recent payment history.

CORTLAND MEMORIAL FOUNDATION'S Health Education Loan Program and Margaret E. Reynolds Scholarship Loan Fund are awarded for a one-year period to generally cover tuition, fees and books.

CORTLAND MEMORIAL FOUNDATION will require proof of identification and age if you are selected as a scholarship recipient. Minors (under the age of 18) will be required to have the Health Education Loan Program and Margaret E. Reynolds Scholarship Loan Agreement Promissory Note co-signed by a parent, guardian or spouse.