



Department Foundation	
Effective Date August 19, 2010	
Subject/Title JANICE H. FRANK SCHOLARSHIP	Approved By and Title Foundation Board of Directors
Date of Review/Revision	

**PURPOSE:**

Fremont-Rideout Foundation (FRF) has established the Janice H. Frank Scholarship in 2010 in recognition of her many years of outstanding service and her skilled and dedicated leadership as a supervisor and director. The scholarship assists Fremont-Rideout Health Group (FRHG) employees interested in furthering their education in the nursing field that are committed to the community and want to be a leader.

Other specialties may be eligible for consideration from time to time depending on the need within FRHG.

**POLICY**

A. Applicants meeting the following criteria are eligible to apply for the Janice H. Frank Scholarship. No proof of financial need must be established; however, it may be a determining factor in final selection.

Be a graduate or graduate candidate from an accredited school of nursing.

Have a letter of acceptance to an accredited school of nursing or college for the purpose of pursuing a Bachelors or Masters Degree in a healthcare field (ie. BSN, MSN, MBA, Degree in Healthcare Administration).

Have two written letters of recommendation from supervisors, employees, colleagues.

Submit a written essay describing why they wish to pursue a career in nursing leadership.

**CRITERIA FOR AND CONTINUATION OF THE JANICE H. FRANK SCHOLARSHIP**

Appointed members of the Fremont-Rideout Foundation Scholarship Committee will determine the amount allotted and appropriate method for allotment of funds to a recipient. Each recipient will receive a scholarship up to \$3,000 per applicant. Applicants may apply for the scholarship annually.

B. Selection is dependent upon, but not limited to, the following factors:

1. Maintenance of a 3.0 grade point average in the educational program.  
(Transcripts to be submitted with the scholarship application)
2. Student completes program within appropriate time frame & receives degree.

3. Participation in activities at Fremont-Rideout Health Group, such as health fairs, recruitment fairs, etc.

#### APPLICATION

Applications are available at the Fremont-Rideout Foundation Department or by calling 530 751-4070 or [www.frhg.org](http://www.frhg.org).

#### APPLICATION DEADLINE

Applications will be accepted two times per year in the F-R Foundation office from December 1 to January 10 and May 1 to June 10 each year. Recipients will be notified before January 31 and June 30 respectively. Application deadlines may be revised, extended or postponed, at the sole discretion of the committee based on the availability of funds.

**FREMONT-RIDEOUT FOUNDATION  
JANICE H. FRANK SCHOLARSHIP APPLICATION**

I. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, ST ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

II. EDUCATIONAL PROGRAM AND APPLICATION REQUIREMENTS

Loan assistance in the amount of \$ \_\_\_\_\_ is requested for enrollment in the \_\_\_\_\_ program at \_\_\_\_\_.

- A. \_\_\_\_\_ Copy of acceptance letter is attached.
- B. \_\_\_\_\_ Summary of educational expenses is attached.
- C. \_\_\_\_\_ Written personal statement describing immediate education and career goals.
- D. \_\_\_\_\_ Two written letters of recommendation from teachers, coaches or employers.
- E. \_\_\_\_\_ Copy of Official College Transcript.

III. EMPLOYMENT HISTORY

Current Employer \_\_\_\_\_

Current Position \_\_\_\_\_

IV. FINANCES

- a. Income
  - i. Gross annual income: Applicant: \$ \_\_\_\_\_
  - Spouse: \$ \_\_\_\_\_
  - Other household \$ \_\_\_\_\_
- b. Savings available for school: \$ \_\_\_\_\_
- c. Loans \$ \_\_\_\_\_
- d. Scholarships/ Financial Aid \$ \_\_\_\_\_

V. PROFESSIONAL ASSOCIATIONS/COMMUNITY SERVICE

List below any projects, committees, professional associations, etc., that demonstrate your active participation in patient care or community service during the last five years.

Organization	Dates of Participation	Description of your Involvement

(Initial)

\_\_\_\_\_ I certify that all statements made by me on this application are true and correct.

\_\_\_\_\_ I understand that the scholarship application will contain no questions that could exclude any applicant from consideration because of race, religion, age, gender, national origin, or any non-job related handicap or disability.

\_\_\_\_\_ I understand that the Fremont-Rideout Foundation reserves the right to make changes, amendments, and/or modifications with regard to the operation of the Scholarship Fund. The Fund is at the sole discretion of the Foundation and is deemed necessary for the proper administration of the purposes of the fund.

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Applicant Signature

Date



**AUTHORIZATION AND CONSENT TO PHOTOGRAPH AND PUBLISH**

The undersigned hereby authorizes Fremont-Rideout Health Group to photograph or permit other persons to photograph:

\_\_\_\_\_  
(Name of Patient/Employee/Physician/Volunteer)

while under the care of the hospital. The undersigned agrees that the Fremont-Rideout Health Group may use and permit other persons to use the negatives or prints prepared from such photographs for the purposes and manner as either may deem appropriate. The undersigned agrees the photographs may be used for purposes including, but not limited to, dissemination to the Fremont-Rideout Health Group staff, physicians, health professionals, and members of the public for education, public relations, advertising and/or charitable purposes and that such dissemination may be accomplished in any manner.

The undersigned has entered into this agreement in order to assist educational, public relations, advertising and/or charitable goals and hereby waives any right to compensation for these uses by reason of the forgoing authorizations, and the undersigned and his or her successors or assigns hereby hold the Fremont-Rideout Health Group, its employees, and any other person participating in my care and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term "photograph" as used in this agreement shall mean motion picture or still photography in any format, as well as videotape, videodisc, and any other mechanical means of recording and reproducing images.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Patient/Parent/Conservator/Guardian)(Employee/Physician/Volunteer)

If signed by other than patient, indicate relationship: \_\_\_\_\_

Witness: \_\_\_\_\_