



# The Benjamin Ladner Nursing Excellence Scholarship Program

## Application Packet

- Open to all eligible DCH Health System employees who are pursuing a nursing career (ADN, BSN and MSN) and have completed their prerequisite courses
- Applications are accepted at the beginning of each academic semester and are due by 4 p.m. on April 25, 2025.
- Applicants must apply according to the criteria listed in this packet
- Award recipients are subject to the guidelines outlined in this packet
- Awards are non-transferrable

# Benjamin Louis Ladner

As a child, Ben was curious and loved learning new things. He was a true patriot; he represented his high school as an ambassador to the USSR in his junior year. He was an athlete and participated in all sports in school. Ben also loved to travel and wanted to open his eyes and mind to a world far beyond his home. However, the best part of travel for Ben was coming home to those he loved. He was an avid Alabama football fan and also shared a love for the Baltimore Orioles with his father and brother.

Ben was a young man who was answering the call to be a nurse. Ben loved people and helping others. He was full of patience and compassion, and he had a gift for bringing out the best in others, even during stressful and difficult times. He was a nursing student enrolled at Shelton State Community College. He was paying his own way through school, working toward his dream of earning a BSN degree from the Capstone College of Nursing at the University of Alabama.

Although Ben's parents were very supportive of him and wanted to send him to school, he was determined to accomplish this goal on his own. While in nursing school, he worked tirelessly at DCH Regional Medical Center from November 2000 until September 2005. Unfortunately, Ben was taken far too soon due to a tragic car accident in 2005. After his death, his family created the Benjamin Louis Ladner Capstone College of Nursing Memorial Scholarship. This annual scholarship has helped many nurses complete their bachelor's degree in nursing. In 2018, Ben's family decided to partner with The DCH Foundation and the DCH Health System to expand the annual scholarship into a year-round nursing scholarship program that will help scores of nurses earn their bachelor's degree.

Ben would be humbled that this program was developed and named for him. He would also be proud that so many nurses will be able to achieve his shared dream – a bachelor's degree in nursing – and to be able to provide high-quality, compassionate care to those we serve at DCH.

# Application Process for the Benjamin Ladner Nursing Excellence Scholarship Program

## Initial Applicants:

- Clearly print/type and complete all applicable sections of the application. The completed application must be signed by the applicant and his/her current department manager/supervisor.
- Official transcript(s) showing all prerequisites have been completed
- Include all required additional documentation:
  - Provide a one-page essay signed by the applicant that includes:
    - Reason(s) for choosing to pursue an ADN, BSN or MSN
    - Career goals (short-term and long-term)
    - Financial need (degree of hardship)
  - Two letters of recommendation that address the applicant's academic ability, studiousness, personal character and/or leadership abilities. Examples include:
    - Nurse manager/director
    - Educator/academic advisor (from ADN program, if recent)
  - Acceptance into approved ADN, BSN or MSN program of study
  - Semester classes requested and costs to be incurred

## Renewal Applicants:

- Submit completed application to The DCH Foundation at least six weeks prior to the upcoming semester or by the defined deadline, with the semester classes requested and costs to be incurred.

## Important Information:

- For scholarship consideration, all supporting documentation MUST be received. Incomplete applications will NOT be considered.
- A limited number of awards are available each semester. All completed applications will be reviewed and considered.
- Applications will be reviewed by the Benjamin Ladner Nursing Excellence Scholarship Committee.
- Applicants will be notified via e-mail of their award status and all additional deadlines related to their award.
- If you are not selected to receive this scholarship, please contact Angelia Davis at 205-759-7701 (x7701) for more information regarding the DCH Health System Tuition Assistance Program.
- Scholarship payments will be mailed directly to the recipient's college/university.
- Award recipients not meeting the "grade" requirements will be required to repay the scholarship award. \*\*
- Award recipients must meet and maintain eligibility requirements throughout the applicable semester and subsequent continued employment repayment period after completion of the final semester, which is equivalent to one calendar year of employment for each year of scholarship received, with a minimum of one year beginning the date of graduation.

\*\* If terms are not met, repayment of full or partial funds awarded plus accrued interest (8%) and any additional collection costs:  
- 9 months or less, 100% - 10 months to 18 months, 75% - 19 months to 27 months, 50% - 28 months to 36 months, 25%

## Completed application and supporting documentation should be submitted to:

The DCH Foundation  
Attn: Benjamin Ladner Nursing Excellence Scholarship Program  
1110 Dr. Edward Hillard Drive  
Tuscaloosa, AL 35401

# Criteria for the Benjamin Ladner Nursing Excellence Scholarship Program

- Current/active employee with the DCH Health System in good standing and not currently under Memo of Accountability within the past 12 months.
- Current/active employee in a regular full -time benefited position (0.9 FTE) or part -time (0.5 FTE) position with the DCH Health System for at least 90 days.
- Must be accepted to an approved ADN, ADN to BSN, or BSN to MSN program of study **with all prerequisites completed** for one of the following schools:
  - University of Alabama - Tuscaloosa
  - Auburn University
  - Auburn University - Montgomery
  - Beville State Community College
  - Central Alabama Community College
  - East Mississippi Community College
  - Gadsden State Community College
  - Herzing University
  - Jacksonville State University
  - Jefferson State Community College
  - Lawson State Community College
  - Liberty University
  - Lurleen B. Wallace Community College
  - Mississippi University for Women
  - Northwest Junior College
  - Shelton State Community College
  - University of Alabama - Birmingham
  - University of Alabama - Huntsville
  - University of North Alabama
  - University of South Alabama
  - University of West Alabama
  - Wallace State Community College
- Recipient must maintain an active DCH employment status of a 0.3 FTE or greater for the duration of this award agreement while attending school.
- Recipients are required to submit final semester grades for each course and meet the course grade requirement of a "B" or better (ADN only - 2.5 GPA, BSN and MSN - 3.0 GPA).
- Per IRS guidelines, if payment(s) made are beyond \$5,250 per calendar year, you agree to be taxed for the overage. This amount will appear on your DCH Health System W-9.
- Recipients are expected to continue their employment with the DCH Health System for a minimum of one calendar year per year of scholarship received after completion of the final semester and to remain in a benefited .9 FTE or higher status during the duration of this period.

# Benjamin Ladner Nursing Excellence Scholarship Program Application

DCH Regional Medical Center - Northport Medical Center - Fayette Medical Center

## Applicant Profile: (Please print or type legibly)

Today's Date: \_\_\_\_\_

Initial Application

DCH Employee #: 0000 \_\_\_\_\_

Renewal Application

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## DCH Employment Eligibility:

DCH Current Position: \_\_\_\_\_ Work Ext.: \_\_\_\_\_

Facility: \_\_\_\_\_ Cost Center: \_\_\_\_\_ Department Name: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_ Work Ext.: \_\_\_\_\_

1. Are you currently in good standing within the System? ( ) YES ( ) NO
2. Have you worked in a position at a minimum of 0.5 FTE or greater during the past 90 days? ( ) YES ( ) NO
3. If not, are you a current scholarship recipient and are you currently working in a position at a minimum of a 0.3 FTE? ( ) YES ( ) NO
4. Are you currently accepted and/or enrolled in a ADN, BSN or MSN degree program at college/university as defined by the criteria of this program? ( ) YES ( ) NO

## College/University Acceptance/Enrollment Information

Student ID#: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Scholarship Requested

Semester Requested: ( ) FALL ( ) SPRING ( ) SUMMER Total semester hours to be enrolled: \_\_\_\_\_

ADN  BSN  MSN

Semester Starts: \_\_\_\_\_ Semester Ends: \_\_\_\_\_

Course Number	Course Title & Number of Course Credit Hours**	Cost for Hours	Cost for Books/Fees
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

\*\* No assistance with this program will be available for prerequisite classes.

## Applicant's Acknowledgment and Certification Statement:

1. I have read the Benjamin Ladner Nursing Excellence Scholarship Program information provided and understand that I must submit official documentation of enrollment, a one-page personal essay, and two letters of recommendation prior to the defined deadline for review of this initial scholarship application.
2. I understand that this scholarship, if approved, excludes prerequisite classes and will be determined based on the cost of tuition, books and fees. If approved, the award will be mailed to the school to be applied to my account.
3. I understand that for consideration, I must submit the required completed application and supplemental documentation.
4. I understand that I must maintain an active DCH employment status of a 0.3 FTE or greater for the duration of this award agreement.
5. I understand that I must submit a renewal application for each semester that assistance is requested.
6. I understand that I must maintain a grade of "B" or better for the duration of this award (ADN - 2.5 GPA, BSN and above - 3.0 GPA).
7. I understand that if I change my FTE status and it does not meet the requirements of this award; voluntarily or involuntarily terminate my employment within the agreed upon employment period (one calendar year of employment for each year of scholarship beginning upon graduation); or do not maintain a grade of "B" (ADN 2.5 GPA, BSN and above-3.0 GPA) or better during this award, I will be financially responsible for the repayment of all or partial payment of the tuition assistance that has been received, plus accrued interest (8%) and any additional collection costs:

- 9 months or less 100%
- 10 months to 18 months 75%
- 19 months to 27 months 50%
- 28 months to 36 months 25%

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

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

## Department Manager's Acknowledgment and Approval: (Please complete and return to the employee/applicant for submission)

1. To your knowledge, does the employee meet the Benjamin Ladner Nursing Excellence Scholarship Program employee eligibility requirements as listed in the application? ( ) YES ( ) NO
2. The employee applying for scholarship has a current performance evaluation of at least "MEETS" expectations? ( ) YES ( ) NO
3. The employee applying for scholarship is in good standing and not currently under a Memo of Accountability within the past 12 months. ( ) YES ( ) NO
4. I have reviewed the application, and I recommend this employee for a Benjamin Ladner Nursing Excellence Scholarship Program award. ( ) YES ( ) NO

Manager's Signature: \_\_\_\_\_

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