



## **South Carolina Nurse Retention Initiative** **Application**

The Nurse Retention Initiative Fund was established to attract and retain nurses by providing financial aid to them upon graduation. The founders of SCNRI, Dr. Will Fuller and Mr. Robert Elliott, believe strongly that this program will positively impact the quantity and quality of health care in Beaufort County.

In 2023, scholarships will be given to nursing school graduates who have successfully completed their Baccalaureate or Associate program in Nursing and obtained an unrestricted Registered Nurse licensure. Priority will be given to applicants who demonstrate their financial need, educational mobility and long-term commitment to practice in Beaufort or Jasper County - including specific geographic areas where funding has been made available. We welcome applications from nurse graduates who represent the diversity of our community.

***Application Deadline:*** Application and supporting documents must be emailed or postmarked by the final day of the enrollment period.

### ***Application Checklist:***

- Completed Application Form***
- Resume***
- Two Letters of Recommendation - 1 Professional, 1 Personal***
- Typed Essay***

RN Licensure will be verified by the Selection Committee through the National Council of State Boards of Nursing (NCSBN) Nursys® Database.

***Please send everything except the Letters of Recommendation via mail or email to:***

***SCNRI***

***Connie Muscarella***

***11 Mulberry Road Bluffton, SC 29910***

***[cnj123@me.com](mailto:cnj123@me.com)***



## South Carolina Nurse Retention Initiative Application

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### Section 1 - Personal Information

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**Name:**

**Street Address:**

**City**  **State**  **Zip Code**

**Telephone:** \_\_\_\_\_ (c)

\_\_\_\_\_ (h)

**Email Address:**

**How long have you lived in South Carolina?**

**Where do you currently practice or plan to practice professional nursing?**

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### Section 2 - Education and Work Experience

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**Please provide a resume that shows past work and education.**

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### Section 3 - Letters of Recommendation

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**Provide one professional and one personal letter of recommendation. The letters should be brief and completed by individuals you are currently associated with through work, school or community activities. Please provide your references with the email/ mailing address for Ms. Muscarella and have them sent directly to her.**

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**Section 4 - Essay**

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***Please limit your typed response to a maximum of 250 words for each of the following questions:***

***1. Discuss your professional goals for the next 5 years.***

***2. Describe your contributions to the nursing profession and/or the community, including memberships in professional organizations and volunteer work.***

**3. State your beliefs about the role of nursing in the delivery of health care and how you can personally contribute to improve outcomes in Beaufort or Jasper County.**

**4. Tell us how this scholarship will make a difference to you from a personal as well as a professional prospective.**

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***Section 5 - Application Statement***

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***All of the information on this scholarship application is true and complete to the best of my knowledge. I understand that the information provided will be used to determine scholarship eligibility and award. I agree to provide requested documentation verifying any information on this application.***

***Signature of scholarship applicant:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_