

Partners HealthCare and the University of Massachusetts, Boston, College of Nursing and Health Sciences

The Clinical Leadership Collaborative for Diversity in Nursing (CLCDN) Scholarship to Advance Workforce Diversity

Overview

The Institute of Medicine's 2004 report, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*, noted that, "Increasing racial and ethnic diversity among health care professionals is important because evidence indicates that diversity is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better educational experiences for health profession's students, among many other benefits." In Boston, the Mayor's Task Force to eliminate health disparities has called for increasing resources to train, recruit and retain persons from underrepresented groups of color in the health care professions (The Disparities Project 2005, Boston Public Health Commission).

The overall goal of the Clinical Leadership Collaborative for Diversity (CLCDN) in Nursing Scholarship Program is to assist in increasing the pipeline of diverse nurses caring for patients throughout the Partners HealthCare and to develop diverse nurse leaders. Applicants who identify themselves as American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, or Native Hawaiian/Other Pacific Islander are encouraged to apply.

Many of our nurses express a strong interest in pursuing an advanced degree. Partners HealthCare recognizes that the challenges of work, home and school for applicants are many, and may create financial hardships that make pursuing an advanced degree seem overwhelming. The CLCDN program was established to address these hurdles and chart new possibilities for nurses employed at Partners HealthCare Institutions who are interested in pursuing an advanced degree.

Scholarship Amount

Qualified candidates will receive up to \$5,000.00* per semester to be applied to the tuition for their program and not to exceed two semesters of support. The scholarship amount will be based on the number of qualified candidates and will never exceed the cost of the remaining credits of any degree program. The CLCDN Scholarship can be combined with other scholarship funding including tuition reimbursement and employee support service grant monies to fund tuition costs.

*When used for tuition and not combined with any other scholarship or tuition reimbursement monies, the scholarship will have no tax consequence at all to the employee as it is considered by the IRS to be an education benefit. Please note—the IRS may require receipts as proof that the scholarship was directed towards tuition.

When used for tuition and combined with other scholarships and/or tuition reimbursement where the total amount of the education benefit exceeds \$5,250 per calendar year per employee the employee is responsible for all taxes associated with any payment amount over \$5,250.



Application Deadline

TBD

Applicant Criteria

- The scholarship application process welcomes applicants who identify themselves as: American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, or Native Hawaiian/Other Pacific Islander. This is in accordance with Partner's HealthCare Equal Employment Opportunity Policy.
- Qualified applicants are advancing their career in nursing. Only those attending an accredited master's degree or doctoral degree program.
- Applicants must have completed two semesters of their program and have a minimum of a 3.0 GPA.
- The scholarship is open to applicants employed by Partners HealthCare either in a full- or parttime (a minimum of 20 standard hours per week) capacity.
- Applicants must have completed a minimum of one year of employment in their present position and must be in good standing (i.e. no corrective action such as written or final written warning within the last (6) months).
- Scholarship recipients will be asked to commit to employment at the hospital for one year following graduation.
- Scholarship recipients are expected to attend CLCDN events and to submit a one page report/narrative at the end of each semester of support outlining leadership activities during that semester

Application Process

Candidates will submit:

- Completed scholarship application
- Signature of endorsement from applicant's director or manager
- Two letters of reference-Letters of reference should be from clinical faculty, supervisors, clinical colleagues, etc.
- A narrative that articulates educational goals, commitment to addressing diversity, leadership aspirations and intended use of funding
- Proof of acceptance into an advanced degree program
- Unofficial Transcript



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Scholarship Application

I. <u>Demographic and Employment Information</u>

Please complete all sections of this application in order to be considered. Any incomplete sections will disqualify you from consideration.

Name					
Last	I	First			
Home Address					
Street	City/Town	State	Zip		
Mailing Address (if different)					
Street	City/Town	State	Zip		
Home Tel. #		Work Tel. #			
PHS Email address		Employee I.D. #			
Date of Hire	Current l	Current Position			
Name of Supervisor	Supervisor's Work Tel. #				
Supervisor's Department/Wor	k Location				
Building/Floor	Office/Sui	te#			
Self Identification: 🗆 Male	□ Female				
□ American Indian/Alaskan N □ Hispanic/Latino □ Native			rican		
Have you ever been a recipier	nt of a CLCDN Scho	blarship? \Box No \Box Yes (if	f so, year?)		



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II. <u>Academic Information</u>

Name of School	Currently Enrolled	□ Not Currently Enrolled				
Date of enrollment	Full-time H	Part-time				
Expected date of completion	Studen	t ID #				
Number of remaining credits						
Total cost of remaining credits (do not include any expenses related to loans, books, fees, etc.)						
□ Master's Deg	ree 🗆 Doc	toral Degree				

III. <u>Applicant Narrative</u>

The narrative section of the application gives each applicant the unique opportunity to present themselves to the selection committee in their own words. The committee uses the narrative to determine an applicant's ability to organize their thoughts and present themselves in a clear and concise manner. Please consider that this essay will have significant weight during the selection process. It is expected that the narrative be between 1 and 2 typed, double-spaced pages in length.

• Your essay should articulate to the committee your educational goals, commitment to addressing diversity, leadership aspirations and how you intend to use the funding.

IV. <u>Submission of Application</u>

Please direct questions about the application process to Jariza Rodriguez, CLCDN Administrative Assistant at UMass Boston, College of Nursing & Health Sciences, <u>jariza.rodriguez@umb.edu</u> or Gaurdia Banister, Executive Director for the Institute for Patient Care at Massachusetts General Hospital, <u>gbanister@partners.org</u>.

EMAIL and FORWARD completed applications to:

University of Massachusetts Boston College of Nursing & Health Sciences c/o Jariza Rodriguez 100 Morrissey Boulevard Boston, MA 02125 Jariza.rodriguez@umb.edu

Please note that completed applications should be submitted electronically with all documents and hard copies of all application documents must be submitted at one time either in person or via US Mail. Upon receipt of application documents, confirmation will be delivered via email.



My signature below indicates that the information contained in this application is truthful and accurate.

Applicant's S	Signature
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We request your supervisor's signature demonstrating that he/she approves and endorses your application and can attest to the fact that you are an employee in good standing.

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Superv	/isor	's Si	ignat	ure

Be sure to keep a copy of your application for your records.

Applicant Checklist

□ Completed scholarship application

□ Signature of endorsement from applicant's director or manager

□ Two letters of reference (one must be from your Partners HealthCare Institution)

□ A narrative that articulates educational goals, commitment to addressing diversity, leadership aspirations and intended use of funding

□ Proof of acceptance into an advanced degree program

Date

Date