



**21st Annual
Employee of the
Year Luncheon
April 21, 2017**

**DON'T STOP
BELIEVING**
in the Power of You!

REX McRAE SCHOLARSHIP

SCHOLARSHIP INFORMATION

Each year the Dallas-Fort Worth Hospital Council Foundation awards a scholarship to one DFWHC-member hospital employee who attends a Texas Board of Nursing-approved program in North Texas. The fund was created in 1998 by the DFWHC Board of Trustees. The award is named in memory of Rex McRae, President/CEO of Arlington Memorial Hospital for 28 years. The scholarship will be awarded at the 21st Annual Employee of the Year Luncheon April 21, 2017 at the Hurst Conference Center.

SCHOLARSHIP CRITERIA

- Student who needs financial assistance to graduate from program
- Student in the last year of nursing program
- Enrolled in an ADN, RN to BSN Bridge, or BSN program in North Texas
- Student in good standing
- Employee of DFWHC-member hospital

NOMINATION PROCESS

Only one nomination per institute. **Deadline for nominations is Friday, March 10, 2017.** To nominate a candidate, the hospital/school must do the following:

- 1) Submit a one-page letter with the following information:
 - Employee/Student name
 - Financial need
 - Professional life/School life (able to achieve in more than one role)
 - Extraordinary Contributions (goes beyond what is expected)
 - Ideal role model (sets high standards, leads by example)
 - Compassion (sensitive and caring for people)
 - Involvement in program activities
- 2) Fill out nomination form
- 3) Have student sign Photo Release Form
- 4) Send the nomination letter, form and photo release to:

E-mail to:

Workforce@dfwhcfoundation.org

For information contact:

Jordania Lilly or Sally Williams at 972-719-4900

NOTIFICATION PROCESS

The hospital/school will be notified prior to the Luncheon. The winner will be introduced at the event. If your candidate is selected, he or she must be present at the Luncheon with representative.

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Nominator Name: _____

Title: _____ Hospital: _____

E-mail: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Nominee Name: _____

Nominee Name Pronunciation: _____

Title: _____ Hospital: _____

GradeLevel: _____ NursingSchool: _____

Anticipated graduation date: _____ GPA: _____

Non-profit/volunteer work: _____

Please list any program employee/student has participated in: _____

Return these items: _____ Nominee Application _____ Form Letter _____ Photo Release

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