

GRADUATE NURSING FACULTY SCHOLARSHIP
Sponsorship & Mentoring Plan Form
Academic Year 2015-2016



Section A - Student Release (To be completed by the Graduate Nursing Student)

Social Security Number: _____ - _____ - _____ Date of birth: ____/____/____

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

Student Email: _____ Telephone #: _____

Name of the nursing program: _____ Total Credits of program: _____

Award/Degree sought: Graduate Certificate Master's Degree Doctorate Degree

I understand that MHEC may request my transcript information directly from the sponsoring institution. I give my consent and authorize the sponsoring institution to provide this information to MHEC on MHEC's request.

Signature of Graduate Nursing Student

Date

Section B - Institution and Sponsorship Information (To be completed by the Dean or Director of the Nursing Program of the sponsoring institution).

Sponsoring Institution: _____

Sponsoring Dean/Director/Department Head of Nursing Program: _____

Dean/Director/Department Head Email: _____ Telephone #: _____

Faculty Mentor: _____

(Educators are encouraged to establish networks of mentors for development of long-term partnerships for shared growth and development. Generally this program recommends a ratio of 1:3 mentors to graduate nursing students; consequently, mentors should be limited to 1-3 new students per academic year).

Faculty Mentor Email: _____ Telephone #: _____

Degree Program: _____

The # of credit hours in Education/Curriculum & Instruction to be completed: _____

Students Expected Graduation Date: _____

Institution to hire the sponsored student, if known (sponsoring institution is **not** required to hire the student):

(Section B - cont.)

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Section B - Institution and Sponsorship Information (cont.)

Our institution is sponsoring the above named applicant for the Graduate Nursing Faculty Scholarship Program. In doing so, we agree to:

- o provide mentors for the student and incorporate the student into our campus faculty culture; and,
- o provide career counseling and assistance with placement as a faculty member at our institution **or** another nursing school in the State.
- o provide a written mentoring plan with annual progress reports by the faculty mentor to include plan of study, progress, activities, meetings, expected graduation and faculty development. (see Section C)
- o provide to MHEC, on request, all of the applicant's transcript information.

Signature of Dean/Director of Nursing Program: _____ **Date:** _____

Section C - Personalized Mentoring Plan (To be completed by student's Faculty Mentor) - *Educators are encouraged to establish networks of mentors for development of long-term partnerships for shared growth and development. The mentoring relationship, initiated by this written contract, officially lasts until the end of the graduate nursing program and beginning of a new career as nursing faculty. However, the relationship may be extended informally for a period of time determined by the individuals and their nursing education career paths.*

The NSP II Graduate Nursing Faculty Scholarship provides funding for the development of new nursing faculty. Institutions may sponsor selected students who indicate an interest in becoming nursing faculty at the sponsoring institution or other nursing school/program in Maryland. **All sponsored students must sign a service obligation form, committing to service as a nursing faculty member at a Maryland institution, in order to obtain these educational funds, and repay these funds with interest if they do not complete their service as nursing educators.** The student is **not** required to work at the sponsoring institution.

Please provide a brief description of the mentoring plan for the student recipient of the Graduate Nursing Faculty Scholarship. The *personalized* mentoring plan MUST include the following or it will NOT be accepted (check (√) each item below):

- The student's plan of study/course list
- Outline of mentoring (For example, include the number of planned meetings over the academic year, professional development workshops or other training that will be provided, involvement in faculty research or publication projects, shadowing opportunities, teaching experiences, etc.)

Please **attach** a copy of the student's **signed *personalized*** mentoring plan to this **completed** form.

By signing this form we acknowledge that the attached *personalized* mentoring plan is complete. We also certify that on an annual basis, when requested by MHEC, the sponsoring institution will provide an update to this plan for the student including (1) progress that has been made in following the plan and (2) advise of any changes that have been made. If updated information is not provided when requested by MHEC it is understood that scholarship may be cancelled.

Signature of Graduate Nursing Student: _____ **Date:** _____

Signature of Faculty Mentor: _____ **Date:** _____

Please return the **completed** form to the applicant to be submitted with the application documentation.