

Hedrick Medical Center - 2019 Auxiliary Scholarship

Due Friday, May 10, 2019

Application

I, _____ request consideration for a maximum \$500.00 of financial assistance from the HMC Scholarship Fund to further my education in the field of health care. I understand I will need to **reapply each year** to be considered for a scholarship. I understand that I will be expected to **share my grades and school status** if I choose to apply for a scholarship renewal. I also understand that my eligibility for future scholarship awards is dependent upon completing my classes and receiving passing grades in each term for which I am awarded funds. If these conditions are not met, I understand I will not be eligible for further assistance for a period of one year.

Last Name	First Name	Middle Initial	Today's Date
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Address	City/Town	State	Zip	Telephone
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Approx. Monthly Income	Currently Employed?	Where?	How Long
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Type of Training/Degree	Name of College Attending	Beginning Date
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Projected Graduation Date	Address of College	College Telephone
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Number

Email Address

Have you ever received and/or applied for the Auxiliary Scholarship previously? Yes No
If so, what result did you receive and in what year:

Please list other financial assistance requested, and amount received:

Estimate of itemized costs for this semester is:

Please list your involvement with community, church or school activities:

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Checklist

Applicant Name: _____

Please attach this checklist to the front of your application and ensure that all required materials are either sent with this application or postmarked by Friday, May 10, 2019. Incomplete applications will not be considered. It is your responsibility to ensure all documents have been submitted.

Please check whether you are a:

_____ New Applicant

_____ Previous Recipient

New Applicant (and returning applicants who were not awarded a scholarship)

_____ This checklist

_____ Completed application with essay

_____ Reference letter #1 (to be submitted directly to HMC)

_____ Reference letter #2 (to be submitted directly to HMC)

_____ Letter on college/university letterhead confirming acceptance into a specific accredited 2 or 4 year college/university **health care program**.

Previous Recipient of HMC Auxiliary Scholarship

_____ This checklist

_____ Completed application with essay

_____ College/University detailed transcript with classes taken and grades received

Application items, other than references, may be sent as one packet or separately, but this checklist **must be completed** by the student and **accompany the application**.

SLHS will not discriminate on the basis of race, color, sexual orientation, national origin, gender identity or expression, sex, age, religion or disability in admissions or access to, or treatment or employment in, or its programs and activities.

Please contact Lindy Chapman at Hedrick Medical Center with any questions about the scholarship, requirements or eligibility at 660-214-8107