

## 2020 Hedrick Medical Center Auxiliary Scholarship 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 15, 2020. **Incomplete applications will not be considered.** It is the applicant's responsibility to ensure all documents have been submitted.

### Please check whether you are a:

\_\_\_\_\_ New Applicant (see section A below)

\_\_\_\_\_ Previous Applicant (see section B below)

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

\_\_\_\_\_ This checklist

\_\_\_\_\_ Completed application with essay

\_\_\_\_\_ Reference letter #1 (submitted with application or sent directly to Hedrick Medical Center)

\_\_\_\_\_ Reference letter #2 (submitted with application or sent directly to Hedrick Medical Center)

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

### B. Previous Recipient of Hedrick Medical Center Auxiliary Scholarship

\_\_\_\_\_ This checklist

\_\_\_\_\_ Completed application with essay

\_\_\_\_\_ College/university detailed transcript with classes taken and grades received

Application items may be sent as one packet or separately, but this checklist must be completed by the student and accompany the application. All applicants will be notified in the summer regarding the status of their application, and scholarship recipients will be invited to attend a brief ceremony to receive their scholarship award.

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



## 2020 Hedrick Medical Center Auxiliary Scholarship Application

**Application Due: Friday, May 15, 2020**

Candidates must have been accepted into an accredited 2- or 4-year college or university health care program. **A copy of the letter of acceptance into a specific health care program from the college or university you are attending must be attached.**

I, \_\_\_\_\_ request consideration for a maximum \$500 of financial assistance from the Hedrick Medical Center 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 NAME

\_\_\_\_\_  
STREET CITY/TOWN STATE ZIP CODE

\_\_\_\_\_  
CELL PHONE NUMBER EMAIL ADDRESS

CURRENTLY EMPLOYED? **Y OR N** \_\_\_\_\_  
HOW LONG? \_\_\_\_\_ APPROXIMATE GROSS MONTHLY INCOME \_\_\_\_\_

\_\_\_\_\_  
TYPE OF TRAINING/DEGREE SEEKING NAME OF COLLEGE ATTENDING

\_\_\_\_\_  
START DATE PROJ. GRADUATION DATE

Have you ever received and/or applied for the Auxiliary Scholarship previously? **Y or N**

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:

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

*(attach additional pages as needed)*

In your own words, please tell us what experience you may have had in your chosen field.

Why do you wish to be funded through the Hedrick Medical Center Auxiliary Scholarship?

*(attach additional pages as needed)*

All statements made in completion of the application are true and complete to the best of my knowledge. I give my permission to share any information contained herein with the Hedrick Medical Center Auxiliary. I understand that if I am awarded a scholarship, my name and hometown will be shared in press releases and announcements.

Signed \_\_\_\_\_ Date \_\_\_\_\_

You must submit (2) two letters of recommendation from non-family members, (i.e. teacher, employer, minister, etc.) for the initial request. Send letters of recommendation and the completed application directly to:

**Lindy Chapman, Hedrick Medical Center Auxiliary Liaison**

**Hedrick Medical Center**

2799 North Washington St.

Chillicothe, Missouri 64601

**Checklist, scholarship application, two letters of recommendation, and copy of letter of acceptance must be received or postmarked by May 15, 2020.**