

2025 Paris Family Foundation Scholarship

Application 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, June 6. **Incomplete applications will not be considered.** It is the applicant's responsibility to ensure all documents have been submitted.

Eligible applicants must have a permanent address in one of the following Missouri counties: Caldwell, Carroll, Chariton, Daviess, Grundy, Linn, Livingston, Mercer, Putnam, Sullivan.

Please ensure you have include all of these items with your application—or have had them sent directly to the HMC Foundation address:

- _____ This checklist
- _____ Completed application with essay
- _____ Reference letter #1
- _____ Reference letter #2
- _____ **Letter on college/university letterhead
confirming full & unconditional acceptance into a specific
and accredited college/university nursing program**

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 late June or early July regarding the status of the application. Winners will be asked to provide the name and address of the financial office for his/her school — the check will be payable to the winner and school jointly.

Please contact Lindy Chapman at Hedrick Medical Center with any questions about the scholarship, requirements or eligibility at 660.214.8107

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.

2025 Paris Family Foundation Scholarship

Application Due: Friday, June 6, 2025

Candidates permanent address must be in one of the following counties (Caldwell, Carroll, Chariton, Daviess, Grundy, Linn, Livingston, Mercer, Putnam, Sullivan), and candidate must have been accepted into an accredited college or university nursing program.

A copy of the letter of full and unconditional acceptance into a specific nursing program from the college or university you are attending must be attached.

I, _____ request consideration for a maximum \$2500 of financial assistance from the Paris Family Foundation to pursue a nursing degree. 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 with passing grades in each term for which I am awarded funds.

First Name

Middle Name

Last Name

Street

City/Town

State

Zip

Cell Phone Number

Email address

Current Employer?

How Long?

Approximate Gross Monthly Income

Type of Degree Seeking

Name of College Attending

Start Date

Projected Graduation Date

Please attach additional pages to answer the following questions:

1. Estimate of itemized costs for this upcoming school year:
2. List other financial assistance requested, and amount(s) received:
3. List organizations, clubs, and community activities in which you have been active—including any offices held.
4. Please attach a 250-500 word essay describing how you have benefited your community through your involvement in the activities listed above and how your education will help you to reach your personal goals.

All statements made in this application are true and complete to the best of my knowledge. I give my permission to share any information contained herein with the Paris Family Foundation. 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, (e.g. teacher, employer, minister, etc.) with your application. Letters may be attached to your application or sent separately: Please send all application documents to:

Lindy Chapman
Hedrick Medical Center Foundation
2799 North Washington Street
Chillicothe, Missouri 64601

Checklist, scholarship application, two letters of recommendation and copy of program acceptance letter must be received or postmarked by Friday, June 6, 2025.