

**CARROLL COUNTY MEMORIAL HOSPITAL
HEALTHCARE SCHOLARSHIP**
In Cooperation with Carroll County Memorial Hospital Foundation

Scholarship Application Packet

The Scholarship of the Carroll County Memorial Hospital Foundation and Board of Directors

Carroll County Memorial Hospital Foundation (CCMHF) proudly sponsors annual Scholarships for students interested in Healthcare related careers. The CCMHF scholarships are available for students entering any college, Jr. College or specialized healthcare professional school in the fall. Awards are \$500 each.

Eligibility:

The scholarship will be granted to a high school senior who is a student graduating in May and resides in Carroll County, Missouri. The student must be attending an accredited college, university, Jr. college or specialized healthcare professional school. The following minimum criteria must be met:

- U.S. citizen or permanent resident graduating from high school.
- If awarded a scholarship, student must be enrolled full-time in college or specialized healthcare professional school. Proof of enrollment at post secondary institution shall be required to release award funds.
- Preference will be given to candidates who demonstrate strong educational motivation, interest in pursuing a healthcare related career, demonstrate group leadership skills through their activities in school, church, youth groups, community volunteer efforts and/or work experience and have an interested in returning to Carroll County after college.
- Work experience, and letters of recommendation are additional criteria in the selection process.

Scholarship Rules:

- Scholarship check will be made payable to the recipient AND to the educational institution – one half for the fall enrollment and one half for the spring enrollment.
- If a recipient is unable to begin school in the fall and plans to enter school in a future semester the student must reapply for the scholarship. Recipients are encouraged, but are not required to attend a regular scheduled meeting of the **Carroll County Memorial Hospital Board of Directors to receive the scholarship**. Parents/guardians are welcome to attend the award presentation ceremony held at the Hospital.

Application Instructions:

READ THESE INSTRUCTIONS CAREFULLY AND FOLLOW THEM THOROUGHLY!

Application Form

Please read all questions carefully, and answer them as completely as you can. Use pen and PRINT your answers, or use a typewriter. Remember that your completed application will represent you to the Scholarship Committee. Give your scholarship application to your High School Guidance Counselor or deliver it directly to CCMHF Administrators office.

Letters of Recommendation

Choose two (2) people to write letters of recommendation for you. It is strongly recommended that one letter come from a teacher or other school employee and one letter come from an employer or friend (non-family related) who knows you through work or volunteer activities. Please enclose the letters with this application.

Transcripts of Grades

Your application must include high school transcripts and ACT scores if taken. If you have not taken the ACT and it isn't required for admission to the college/trade school that you are attending include the results of any test that you have taken for your college admission such as the Asset/Compass test if you have those results.

Student Personal Statement

Write a statement explaining the reasons you are applying for this scholarship, your plans for the future, and your short and long term goals. You should also include any other information about yourself, your family and background, your educational achievement, etc. which will help the Scholarship Committee to evaluate your potential.

Healthcare Scholarship Application Form

Instructions:

- Please read all questions carefully.
 - Answer questions completely.
 - Use pen and PRINT your answers, or use a typewriter.
- Remember that your completed application will represent you to the Scholarship Committee

- Please give your completed application, transcript, student personal statement, and letters of recommendation to your Guidance Counselor.
- Applications must be turned in by **April 11, 2014**. No late applications will be accepted.
- Selections will be made by **April 30, 2014**. You will be notified by mail.

Personal Information

Name

Street Address

City, State Zip

Phone Number (Home)

E-mail Address

Parent/Guardian Name(s)

Parents/Guardian's Occupation

Are you a U.S. citizen? Yes No

If not, are you a permanent resident? Yes No

Educational Information

Colleges applied to: (List in order of preference) Have you been accepted?

1. Yes No

2. Yes No

3. Yes No

What is your intended major?

What is your intended career?

G.P.A. _____ ACT Score: _____

Class Rank:

4. Will you be applying for other scholarships, grants or aid? Yes No
- a. If yes, please specify:
- | Name of Scholarship(s) | \$ AMT of Scholarship | Has Scholarship been awarded |
|------------------------|-----------------------|------------------------------|
|------------------------|-----------------------|------------------------------|

Work Experience:

Are you currently employed? Yes No

If so, list employer(s), type of job, and hours per week you work:

What types of past employment have you had?

In submitting this application for review, I agree:

- That the information contained in it is true, to the best of my knowledge.
- If I am granted an award, barring any unforeseen circumstances, I will continue my plans for study as indicated in this application.
- I have enclosed these required portions of the application:
 - Completed Application Form
 - Transcripts
 - Student's personal statement
 - Letters of recommendation
 - ACT Test Scores if applicable

Name (Printed)

Signature

Date

Questions? Call Kris Kemble at 660-542-1695 or email at krisk@ccmhospital.org

Applications are to be sent to: Carroll County Memorial Hospital
Attention: CCMHF Administration
1502 N. Jefferson St., Carrollton, MO 64633