

**SAUNDERS MEDICAL CENTER
HEALTH EDUCATION SCHOLARSHIP**

Saunders Health Services Foundation

For

**Saunders Medical Center Service Area
Residents**



Health Services Education Application

SAUNDERS MEDICAL CENTER HEALTH EDUCATION SCHOLARSHIP

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The Saunders Health Services Foundation awards the Saunders Medical Center Health Education Scholarship to students who are or will be enrolled in a medical services career field in any accredited College or University Health Care Program leading to certification or diploma in the Medical Field.

To be eligible applicants must . . .

1. Be a resident of the Saunders Medical Center service area
2. Have graduated or be graduating from an accredited High School or have an equivalent GED certificate
3. Present good citizenship and character
4. Be able to demonstrate a commitment to attending a post-secondary school of his/her choice as a full-time student for a period long enough to receive a certificate of completion, diploma or other medical services certificate. The course of study must require at least one (1) year to complete.

To Apply . . .

1. Applicant must complete the Saunders County Area Medical Services Scholarship Application Form and submit a completed application package by the first **Monday in April**.
2. Application package must include:
 - a) A student type written essay detailing why he/she is interested in going to the medical field, which medical services the student plans to pursue, and how this might help him/her in the pursuit of his/her lifetime career.
 - b) A copy of your high school transcript.
3. Sign the application form.
4. Completed application must be delivered to Candi Johnston at Saunders Medical Center **before 3:30 p.m. on the first Monday in April**. No applications will be accepted after that time.

The Saunders County Medical Services Foundation and the Scholarship Committee shall not in any manner base scholarship recipients upon a person's race, religion, sex or employment status.

Scholarship details . . .

The foundation will name the scholarship winners.

Up to 3 - \$1500.00 scholarships will be awarded.

Scholarship funds are proceeds from SMC Walk/Run & Foundation Golf events.

The following shall be the manner and timing of the distribution of the scholarship funds:

- A) The first distribution for each recipient shall be made only upon successful completion of the recipient's first term at the post-secondary school as verified by a grade report or other suitable evidence of satisfactory work. A term is defined to be the way the post-secondary school divides its school year, as one (1) of two (2) semesters, or three (3) or four (4) quarters, or something similar. The scholarship ends in one (1) year.**
- B) Subsequent distributions shall be made in the same way, with the amount of each distribution, including the first, to be the ratio of the value of the scholarship divided by the number of terms in the school year.**
- C) Should the student not do satisfactory work, as determined by the institution being attended, the scholarship will terminate and remaining funds held in the recipient's account shall revert to the Scholarship Fund assets. A student may file for hardship if forced to withdraw from school due to medical reasons or self or immediate family. If re-enrollment occurs within one (1) year, the scholarship can continue. If the student has not re-enrolled within one (1) year, the scholarship will revert back to the Scholarship Fund.**
- D) An alternate may be selected to receive the scholarship in the event that the original recipient withdraws from school during the first semester or does not enroll for the following semester.**
- E) In the event of a tie between applicants the scholarship will be split between the tied candidates.**
- F) Funds are to be applied toward tuition, books, lab fees, board and room.**
- G) All scholarship funds shall be distributed with both the student's name and the post secondary institution's name on the check given to the recipient.**

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Applicant Information

Name _____
Last First Middle

Address _____
Street/RFD/Box Number City State Zip+4

Phone () _____

Educational Information

High School: _____ GPA: _____

Admission Status

Have you applied for admission to a medical services school? _____

If yes, please indicate the school: _____

Location of School _____ Program/major planned _____

High School or Community Activities

Please list your participation in any High School or Community Activities, include any honors you received:

I hereby certify this application to be true and correct to the best of my knowledge. I authorize the Foundation to release information concerning receipt of any scholarship from the Foundation.

Applicant's Signature

Date