

Capital Region Health Center



Health Care Scholarship Application

GENERAL INFORMATION

Name: _____ Date: _____

Present Address: _____

Permanent Address: _____

City/State/Zip: _____

Phone: (Home) _____ (Work) _____

E-mail: _____ Date of Birth: ____/____/____
Month Day Year

HIGH SCHOOL SENIORS ONLY, PLEASE COMPLETE THE FOLLOWING SECTION.

High School: _____ Graduation Year: _____

GPA: _____

College you plan to attend: _____

Address: _____

Based on CRMC needs, have you been accepted for admission in a healthcare program in an accredited school? Yes No Still Pending

Do you plan to attend: full time part time

Do you plan to start classes: Fall Semester Spring/Winter Semester

Field of Study (Major) you plan to pursue: _____

Career Goal: _____

CURRENT COLLEGE STUDENTS AND WORKING ADULTS ONLY, PLEASE FILL OUT THIS SECTION.

Current College: _____

College you plan to attend in the fall semester, if different: _____

Class Rank as of the Fall Semester _____ (fresh., soph., jun., sen., grad./prof.)

Major: _____

Do you plan to attend: full time part time

Other Education: _____

Employer: _____ Job Title/Occupation: _____

Based on CRMC needs, have you been accepted in a healthcare program in an accredited school?
Yes ____ No ____ Still Pending ____

FINANCIAL INFORMATION

Estimated cost of tuition per semester: _____

Please list sources and amounts of other scholarships and financial aid, and indicate if they are designated (tuition, books, room and board, etc.)

<u>Scholarship Source</u>	<u>Amount</u>	<u>Designation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of immediate family members planning to attend college in the next 2 years _____

OTHER INFORMATION

List any school, community, or volunteer activities you are involved in: _____

List any honors, awards, or citations you have received: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

On a separate sheet of paper, submit a one-page typewritten essay of your educational goals and reasons for pursuing a health care career.

Scholarship recipients are eligible to reapply each year after receiving their initial scholarship. A new application must be submitted for each year you wish to be considered for a scholarship, including transcripts and letter from school that you are continuing in your chosen healthcare program. The scholarship must be used in the upcoming school year.

In order for your application to be considered complete, we must receive the following:

- **Completed application form**
- **Complete transcript of your college career, or high school if college has not been attended**
- **One page essay of your educational goals and reasons for pursuing a health care career**
- **Letter of acceptance in an accredited school specifically stating that you have been accepted into a specific program in the health field at that school, i.e. School of Nursing, Physical Therapy, Pharmacy, MBA, etc.** A letter stating that you have been accepted as a freshman at you college of choice is not acceptable.

Please return completed form to: Scholarship Committee
c/o Valerie Weber, Manager of Senior/Volunteer Services
Capital Region Medical Center Partners
P.O. Box 1128
Jefferson City, Missouri 65102

Deadline: May 14, 2010 @ 3:00p.m.

Failure to meet deadline automatically eliminates your application from consideration

By signing below, you verify that all the information is true and accurate to the best of your knowledge, and you give permission to members of the Partners Scholarship Committee to verify any information included on this form. All information is confidential and will be used only by committee members for the purpose of determining applicant's eligibility for scholarship funds.

Applicant Signature

Parent or Guardian Signature (if applicant is under 18)

I verify that the information I furnished on this form is true, and I grant permission to the Partners Scholarship Committee to verify any information as necessary. I also grant Capital Region Medical Center permission to use my name and/or likeness in any media that pertains to my receipt of this scholarship.