

The Heritage in Health Scholarship Fund
**SCHOLARSHIP
APPLICATION**



100 Hospital Drive • Lebanon, MO 65536 • 417-533-6192 • www.stjohnslebanon.com

BACKGROUND

Thank you for your interest in the Heritage in Health Scholarship Fund. This scholarship program was established by the St. John's • Lebanon Heritage Foundation to fund medical and other health care advanced education to area students and to attract and retain qualified health care workers for our community. Scholarships are offered to eligible students who are pursuing a career in health care or for those who already are in the health care field but are furthering their education to advance their career.

CRITERIA

Scholarships will be awarded based on academic background, probability of graduation, maturity of the applicant, financial status, the availability of resources, the amount of funding available and your chosen medical career. All applicants must be a current resident of Laclede, Dallas, Webster, Texas or Pulaski county.

AWARD

Scholarship amounts will be determined by the aforementioned criteria and may be used to further education in medical fields such as physician, nursing, therapy services, radiology, respiratory therapy and other fields as approved by the scholarship committee. Scholarship amounts may include partial or full payment of academic programming including tuition, student fees, books and other relevant costs at the discretion of the selection committee. Travel costs, meals, computers and other unrelated costs will not be reimbursed.

Your application will receive consideration without regard to race, sex, national origin, age, physical or mental impairment or veteran status.

APPLICANT INFORMATION

Last Name _____ First Name _____ MI _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Telephone # _____ E-Mail Address _____

Date of Birth _____ Social Security # _____

Male Female

Racial/Ethnic Information (voluntary):

African American/Black Asian or Pacific Islander

Caucasian Hispanic/Latino

Multiracial Native American/Indian



EDUCATION				
Along with this application, you must submit an original official transcript for each secondary and post-secondary academic institution attended. If you have a GED, include the original transcript with signature.				
Circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4				
SCHOOL (name & address)	DATES ATTENDED	LAST YEAR COMPLETED	DID YOU GRADUATE?	TYPE OF DEGREE
High School				
College				
Technical, Business or Professional				

PROFESSIONAL LICENSE / CERTIFICATIONS:
If you are licensed, registered or certified, please fill in the following information:
Type _____
School Name _____ City _____ State _____
List each state you are licensed in _____ In which state(s) are you currently active? _____
Are you certified or registered <input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate or Registry # _____ State of Registry _____
Has your license or registration ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY			
COMPANY INFORMATION	DATES EMPLOYED	TYPE OF WORK	REASON FOR LEAVING (required)
Name			
Address			
Phone			
Type of Business			
COMPANY INFORMATION	DATES EMPLOYED	TYPE OF WORK	REASON FOR LEAVING (required)
Name			
Address			
Phone			
Type of Business			

ENROLLMENT INFORMATION			
This section is to be completed and signed by a representative of the program of acceptance			
Name and address of Institution		Tuition - Semester/Year \$ _____ per semester \$ _____ per year	
Name, title and telephone number of contact person		Academic Fees - Semester/Year \$ _____ per semester \$ _____ per year	
Academic Year Applied For	Program Start Date	Current Year in Program	Projected Graduation Date
Signature of School Representative		Date	

How much assistance are you requesting (use worksheet below)? _____

INCOME	
Savings	\$ _____
Expected Employment Earnings	\$ _____
Expected Contribution from Parents	\$ _____
Income From Other Sources (gifts, education insurance, other scholarships, student loans, etc.)	\$ _____
Total Estimated Income	\$ _____
EXPENDITURES	
Yearly Tuition	\$ _____
Yearly Fees	\$ _____
Expected Expense of Books	\$ _____
Total Estimated Expenses	\$ _____
TOTAL ASSISTANCE REQUESTED	\$ _____

What certification or licensure will you be eligible for upon completion of the program? _____

Please state any other information that you believe would be helpful to the scholarship selection committee and the Foundation Board members _____

How did you hear about the Heritage in Health Scholarship Fund? _____

APPLICANT'S CHECKLIST
All documents submitted must be original. Faxed or e-mailed documents will not be accepted.
<input type="checkbox"/> Completed application including all signatures. Incomplete applications will not be accepted.
<input type="checkbox"/> Original high school transcript or GED
<input type="checkbox"/> Original post-secondary transcript(s)
<input type="checkbox"/> Copies of current licenses or certifications
<input type="checkbox"/> Two letters of reference in sealed envelopes
I certify that the answers given on this application are true and understand that false answers will disqualify me from consideration for a Heritage in Health Scholarship. I authorize investigation of all statements in this application. I understand that submission of an application does not mean I will automatically receive a scholarship and that a committee and the St. John's • Lebanon Heritage Foundation Board of Directors will make final decisions. I also understand that if I receive a scholarship I must sign a contract and will be required to return to work in a health care organization in Laclede County, Missouri upon graduation.
Printed Name of Applicant _____ Date _____
Signature of Applicant _____

