

**MEMORIAL HEALTHCARE FOUNDATION
SCHOLARSHIP APPLICATION
PACKET**

2019-20 AWARD YEAR

ENCLOSED:

**General Instructions for Application
Approved Program Listing
Scholarship Application
Essay Instructions
Confidential Recommendation Forms (3)
Transcript Request Form**

MEMORIAL HEALTHCARE FOUNDATION SCHOLARSHIP PROGRAM
APPROVED PROGRAM LISTING
2019-20 Award Year

Allied Health Technology
Athletic Training
Audiologist
Diagnostic Medical Sonography
Dietician
Echocardiograph Technology
Emergency Medical Technician
Health Services Administration
Laboratory Technology
Medical Administrative Assistant
Medical Assistant
Medical Insurance Specialist
Medical Technologist
Medical Transcription
Nuclear Medicine Technologist
Nursing (RN/CRNA/LPN)
Occupational Therapy
Paramedic
Pharmacist
Pharmacy Technician
Phlebotomy Technician
Physical Therapy
Physician Assistant
Pre-Med
Radiation Therapy
Radiological Technology
Registered Health Information Technology
Rehabilitation Studies
Respiratory Therapist
Social Work
Speech Therapy
Speech-Language Pathology
Surgical Technology
Others upon approval

MEMORIAL HEALTHCARE FOUNDATION SENIOR SCHOLARSHIP PROGRAM
INSTRUCTIONS FOR APPLICATION
2019-20 Academic Award Year

Thank you for your interest in the Senior Scholarship Program offered by the Memorial Healthcare Foundation. The Memorial Healthcare Foundation Scholarship Program is designed to encourage deserving applicants to pursue studies in select health care disciplines.

Complete applications for the **2019-20** Award Year are due **by March 22, 2019** * Please direct any questions about the Memorial Healthcare Foundation Scholarship Program application process to the Memorial Healthcare Foundation office at (989) 729-4675.

Please read all instructions before completing each form. Print clearly in ink or provide in a typewritten format. Again, ***a complete application packet is necessary for consideration.*** The complete application packet you submit must contain the following:

- ***Scholarship Application.*** Provide all requested information and sign the form. If you are an applicant under 18 years of age, have your parent or guardian also sign the form.
- ***Goals and Aspirations Essay.*** Provide thoughtful responses to the questions. Type your response to each question on a separate page headed with your name and identification of the questions being addressed.
- ***Three Recommendation Forms in sealed envelopes.*** Provide the recommendations of people you know from a variety of sources, including at least one from a current or former teacher and excluding family members. Recommendations are an important part of the application. Choose your recommenders wisely. Print or type your name, check your choice with respect to waiving your right of access, and sign and date each form. The recommender should return the completed recommendation form to you in a sealed envelope.
- ***Official Transcripts in sealed envelopes.*** An official transcript is required from each high school that you have attended. Make extra copies of the form if more than one is needed. Print or type the information requested in the “To The Applicant” section. Sign and date the form then submit it to the institution. Transcript costs are the applicant’s responsibility. Transcripts should be in envelopes sealed by the institution.
- ***Mail or deliver all materials to the following address:***

Memorial Healthcare Foundation
Scholarship Committee
1637 W. Main Street
Owosso, MI 48867

* Scholarship payments to selected recipients will be made prior to the Fall **2019** semester.

MEMORIAL HEALTHCARE FOUNDATION SCHOLARSHIP PROGRAM
SCHOLARSHIP APPLICATION
2019-20 Academic Year

The following must be completed by the Applicant. Please type or print information.

Applicant's Name _____
(Last Name) (First) (Middle Initial)

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone (_____) _____

High School Attending _____

City _____ **State** _____

Custodial Parent or Guardian (*if Applicant is under 18 years of age*):

(Last Name) (First) (Middle Initial)

Expected Graduation date _____ **GPA** _____ **Class Rank** _____

ACT Score _____ **and/or SAT Score** _____

College or University planning to attend/ _____

City _____ **State** _____

Date Beginning/ _____ **Full Time student?** ____ **Yes** ____ **No**

Degree Program or Vocation of Interest _____

Expected date of degree completion _____

Describe your work experience (if any) during the past four years. Indicate dates of employment (attach additional sheet(s) if necessary).

Company	Position	Date From	Date To	Supervisor

List all school activities (if any) in which you have participated during the past 4 years. Include any special awards, honors and offices held (attach additional sheets if necessary).

List all community activities (if any) in which you have participated during the past 4 years. Include any special awards, honors and offices held (attach additional sheets if necessary).

List any special skills or interests that you have. Include any special awards or honors you've received (attach additional sheets if necessary).

The undersigned hereby acknowledges that the information provided in this application, including any enclosed documents, is true and correct to the best of their knowledge.

Applicant Signature **Date** _____

Guardian Signature (if Applicant is under 18 years of age) **Date** _____

MEMORIAL HEALTHCARE FOUNDATION SCHOLARSHIP PROGRAM
GOALS AND ASPIRATIONS ESSAY
2019-20 Academic Award Year

Please provide essay responses to the following questions. Address each question on a separate sheet of paper and limit each response to the length indicated. Head each page with your full name and a statement of the question being answered. Essays must be in a typed format. Essays will be judged upon thoroughness of response, clarity of thoughts and sincerity of purpose. Enclose your responses with your application materials.

A. Statement of Goals: (1 page in length)

Please include information on the following:

- **Academic goals**
- **Professional goals**
- **Personal goals**
- **Please address how the field of study you have chosen will contribute to these goals.**

B. Other Relevant Information: (1 page in length)

What other information do you believe is important in an assessment of your application?

Examples may include:

- **Any unusual family or personal circumstances that have affected your achievement in school.**
- **Work experience you've had.**
- **Your participation in school and community activities.**
- **How you spend your summers.**
- **Something of which you are especially proud.**

Please rate the applicant in the following attributes, relative to others whom you have known in a similar capacity.

	Outstanding	Strong	Average	Fair	Poor	Not Observed
Integrity						
Motivation & Drive						
Leadership Potential						
Imagination & Creativity						
Self-Confidence						
Ability to Work w/Others						
Intellectual Ability						
Ability in Oral/Written Expression						

Please address the following items in a narrative form and include any other information that will help the Scholarship Committee make its decision:

- How long and in what connection have you known the applicant?
- What do you know of the applicant’s future academic plans?
- What special qualities does the applicant possess which would contribute to success in the study of a health care discipline?
- What qualities should the applicant improve upon for success in the study and a subsequent career in a health care discipline?

Please check one:

I *strongly recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

I *recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

I *recommend with reservation* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

I *do not recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

Signature _____ Date _____

Please rate the applicant in the following attributes, relative to others whom you have known in a similar capacity.

	Outstanding	Strong	Average	Fair	Poor	Not Observed
Integrity						
Motivation & Drive						
Leadership Potential						
Imagination & Creativity						
Self-Confidence						
Ability to Work w/Others						
Intellectual Ability						
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Please address the following items in a narrative form and include any other information that will help the Scholarship Committee make its decision:

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- What qualities should the applicant improve upon for success in the study and a subsequent career in a health care discipline?

Please check one:

_____ I *strongly recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

_____ I *recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

_____ I *recommend with reservation* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

_____ I *do not recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

Signature _____ Date _____

MEMORIAL HEALTHCARE FOUNDATION SCHOLARSHIP PROGRAM
CONFIDENTIAL RECOMMENDATION
2019-20 Academic Award Year

Applicant's Name _____
(Last Name) (First) (Middle Initial)

To the Applicant: Please print your name above and sign the statement below. The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to education records concerning them. Students are permitted to waive their right of access to recommendations. A waiver of their right of access may permit recommenders to submit a more candid evaluation. The following signed statement indicates the wish of the applicant with respect to this recommender's recommendation.

- I waive my right of access to the following recommendation.*
 I do not waive my right of access to the following recommendation. I understand that under the law my waiver provides that I only have access to this recommendation.

Signature

Date

Guardian Signature (if Applicant is under 18 years of age)

Date

To the Recommender: The person whose name appears above is applying for a scholarship with the purpose of encouraging scholarship recipients to pursue studies in select health care disciplines. The applicant has requested that your evaluation be included as part of the information upon which the selection decision will be based. We value your direct contact with the applicant and will appreciate your responses to the following questions as candidly and specifically as possible. Your responses will assist the Scholarship Committee in the evaluation of the applicant's qualifications for the receipt of a scholarship. We realize the amount of time and care necessary to complete a thoughtful recommendation and are grateful for your assistance.

Our application procedure requires that the applicant gather all documents including recommendations and submit a complete set of materials with the application. This system allows the applicant to know the completed application has been submitted and facilitates our control over materials. Please enclose the completed recommendation in an envelope. Please seal the envelope, sign across the seal, and return it to the applicant so that it can be submitted with the application.

Name of Recommender (print or type) _____

Position or Title _____

Organization _____

Address _____

Telephone Number _____

Please rate the applicant in the following attributes, relative to others whom you have known in a similar capacity.

	Outstanding	Strong	Average	Fair	Poor	Not Observed
Integrity						
Motivation & Drive						
Leadership Potential						
Imagination & Creativity						
Self-Confidence						
Ability to Work w/Others						
Intellectual Ability						
Ability in Oral/Written Expression						

Please address the following items in a narrative form and include any other information that will help the Scholarship Committee make its decision:

- How long and in what connection have you known the applicant?
- What do you know of the applicant’s future academic plans?
- What special qualities does the applicant possess which would contribute to success in the study of a health care discipline?
- What qualities should the applicant improve upon for success in the study and a subsequent career in a health care discipline?

Please check one:

_____ I *strongly recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

_____ I *recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

_____ I *recommend with reservation* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

_____ I *do not recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

Signature _____ Date _____

**MEMORIAL HEALTHCARE FOUNDATION SCHOLARSHIP PROGRAM
TRANSCRIPT REQUEST
2019-20 Academic Award Year**

To the Applicant: Print the information requested below and send this form to your High School.

Name _____
(Last Name) (First) (Middle Initial)

Student Number _____

School _____

Dates of Enrollment _____

I hereby request the release of an official transcript and comments on my academic record to the Memorial Healthcare Foundation Scholarship Committee.

Signature **Date** _____

Guardian Signature (*if Applicant is under 18 years of age*) **Date** _____

To the Registrar: The person named above is applying for a Memorial Healthcare Foundation Scholarship Award and we are asking your assistance in our effort to provide transcript control in the application process. Please complete this form and enclose it with an official copy of the applicant's academic transcript in an envelope. Please seal the envelope, sign across the seal, and return it to the applicant so that it can be submitted with the application. If this procedure is contrary to your policy, please send the transcript directly to the Memorial Healthcare Foundation Office, Scholarship Committee, 1637 W. Main Street, Owosso, MI 48867. Thank you for your cooperation.

Signature and title of High School official **Date** _____