



## SCHOLARSHIP INFORMATION & APPLICATION

### TCMH HEALTHCARE FOUNDATION - EDUCATIONAL SCHOLARSHIPS

Scholarships are available to all students and allied health professionals interested in furthering their education in a healthcare related field. Applicants must be a high school graduate or have completed their GED to be eligible. Eligible students must be accepted to or currently enrolled in an accredited university, college, or post-secondary training program. Any resident of the Texas County Memorial Hospital service area (approximate 40 mile radius of Houston) is eligible to apply. Depending on the specific scholarship, priority consideration may be given to certain applicants and so please check the "scholarship opportunities flyer." All employees of Texas County Memorial Hospital and family members residing in their households will be eligible candidates for consideration.

Preferences in selection may be given to community service, scholastic record, and work performance. Applicants may be asked to appear and interview before the committee prior to a final decision. The financial award will be contingent upon enrollment to an accredited program. Past recipients of the scholarship may re-apply for an additional award. Students must maintain a GPA of 3.0 or greater to be considered for subsequent awards. Applicants must be a permanent Resident of the United States or a U. S. Citizen. The TCMH Healthcare Foundation's decisions are final.

#### Dates for accepting applications:

Fall semester: April 1 - July 1

Spring semester: November 15 - January 15

#### Deadline for applications:

Fall semester: July 1 - 12 PM

Spring semester: January 15 - 12 PM

#### Award announcement:

Fall semester: Sept. 1

Spring semester: February 1

### SCHOLARSHIP APPLICATION CHECKLIST

Incomplete applications will not be considered. As a benefit to help you fully complete your application, please utilize the following checklist. In judging the applicants, a similar checklist will be utilized to determine if the necessary information has been submitted and the application is deemed complete.

- Personal Information completed (pg. 3)
- Education Information completed (pg. 3)
- Other Educational Information (to be included separate from application)
  - Educational transcript or diploma for high school (Official copy preferred)
  - College transcript if applicable (Official copy preferred)
  - Degree or educational program information
  - Proof of acceptance or enrollment to an accredited institution of higher education.
- References listed (pg. 4)
- Essay on educational and career goals (pg. 5)
- Essay on community involvement (pg. 6)
- Copy of your Resume (pgs. 7-8)
- Signed application (pg. 4)

## FOUNDATION SCHOLARSHIP OPPORTUNITIES

### **Dr. Joe L. and Judith T. Spears Memorial Scholarship (FALL SEMESTER ONLY)**

Established in 2010, the endowed scholarship is being made possible through a gift from Tim Spears, Beth Spears Grossman, and Cathy Spears Spillman, children of Dr. and Mrs. Spears. Dr. Spears was a long-time family practice physician in Texas County, and he and Mrs. Spears resided and raised their family in Cabool area.

- Amount to be determined annually.
- Training must be a healthcare related field and can be either direct patient care or in-direct patient care type of career.
- Priority consideration may be given to graduates of Cabool High School or Cabool residents.

### **Dr. Eugene Charles Honeywell Memorial Scholarship (FALL SEMESTER ONLY)**

Dr. Honeywell was a family practice physician at the TCMH Family Clinic in Licking from 1991 until his death in 2010. The endowed scholarship was created from a gift from Carol Honeywell, Honeywell's wife, Julie Honeywell Ohrazda and Mark Honeywell, Honeywell's children. In addition to the funds received from the Honeywell family, the Healthcare Foundation also directed memorial donations received in Dr. Honeywell's honor to the endowment fund.

- Amount to be determined annually.
- Training or educational program must relate to a career associated with direct patient care.
- Priority consideration may be given to graduates of Licking High School or Licking residents.

### **TCMH Healthcare Foundation General Scholarships (SPRING AND FALL SEMESTERS)**

Historically speaking, the Healthcare Foundation created its scholarship program in 2007. During both the spring and fall semesters, the TCMH Healthcare Foundation intends to offer scholarships for students pursuing post-secondary training in a healthcare-related field or career.

- In conjunction with the Healthcare Services Group, the Foundation will be able to further enhance our scholarship efforts to help area students.
- Training must be a healthcare related field and involve a direct patient care type career.
- Priority consideration may be given to Texas County residents or high school graduates of a Texas County school and also extended to Mtn. Grove residents or high school graduates of the Mtn. Grove R-III School District.

## **GENERAL CRITERIA FOR ALL SCHOLARSHIPS**

- Any resident of the Texas County Memorial Hospital service area (Approximately 40 mile radius of Houston) is eligible to apply. All employees of Texas County Memorial Hospital and family members residing in their households will be eligible candidates for consideration.
- Preference may also be given to eligible staff with a current 90 day history of satisfactory employment at Texas County Memorial Hospital.
- Eligible applicants must be accepted or currently enrolled in an accredited university, college, or post-secondary training program.
- The Foundation reserves the right to make the final determination of disbursements and total award amounts for the semester.

## SCHOLARSHIP APPLICATION

**Which scholarship(s) are you applying for?** (See pg. 8 for more info and check all that apply)

Spears Memorial   
  Honeywell Memorial   
  General Foundation

### PERSONAL INFORMATION

Full name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Address 1 (Number & Street): \_\_\_\_\_

Address 2 (City, State, & Zip Code): \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you currently employed at Texas County Memorial Hospital?  YES  NO

If yes, which department? \_\_\_\_\_

Are you a son or daughter of a Texas County Memorial Hospital employee?  YES  NO

If yes, please provide name of the employee and department: \_\_\_\_\_

### EDUCATIONAL INFORMATION

Graduate of what high school: \_\_\_\_\_ Year graduated: \_\_\_\_\_

If you are a recent grad, please provide us with the counselor's name and phone number:

\_\_\_\_\_

Highest level of education completed to date: \_\_\_\_\_

Will you be utilizing Missouri A+ funding to assist with educational expenses?  Yes  No

College or post-secondary institution name: \_\_\_\_\_

Location of institution: \_\_\_\_\_

Name of degree/training program: \_\_\_\_\_

The purpose of this program is for: (Please check one of the following)

Certification   
  Associates degree   
  Undergraduate degree   
  Graduate degree

To date, how many credit hours have you completed towards degree or certification: \_\_\_\_\_

How many hours do you have left to complete your degree or certification: \_\_\_\_\_

Will you be a full or part-time student:  Full-time  Part-time

Anticipated graduation date: \_\_\_\_\_ GPA: \_\_\_\_\_

If you are currently enrolled in a college or post-secondary training institution, indicate name and telephone number of person to contact for verification:

\_\_\_\_\_

## REFERENCES

Provide two local character or employment references, which the Foundation may contact: include name, address, telephone numbers and years known.

1. Name: \_\_\_\_\_

Address 1 (Number & Street): \_\_\_\_\_

Address 2 (City, State, & Zip Code): \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address 1 (Number & Street): \_\_\_\_\_

Address 2 (City, State, & Zip Code): \_\_\_\_\_

Telephone #'s: \_\_\_\_\_ Years Known: \_\_\_\_\_

## ESSAYS & RESUME - Complete on following pages

**Career goals/educational goals** (short essay): Please describe your career goals and educational goals. Include your reasons for choosing healthcare as a profession. Please tell us how this scholarship will help you towards your career goal. Please enter your response on Page 5 and include it with the completed application.

**Community involvement** (short essay): Please describe your community involvement or list various volunteer activities that you have participated in (e.g. Mayor's youth council, community betterment, etc.). Include your reasons for taking part in such activities or being associated with the different organizations. Please note, community involvement activities are of a volunteer nature and thus not paid positions. Do not list job or work related activities for which you received pay. Please type response on correct sheet to be included with completed application.

**Resume** (no longer than 2 pages): Please provide us with an up-to-date resume. The committee will be reviewing and considering this information during the selection process. Please copy resume on correct sheet to be included with completed application.

**Affidavit:** I certify that the information provided in this application is complete and correct. I grant my permission for the Texas County Memorial Hospital Healthcare Foundation to obtain any and all background information authorized by law to process this application. I further understand that if any information has been misrepresented, falsified or omitted, any offer of a TCMH Healthcare Foundation Scholarship will be withdrawn without any obligation or liability of the part of the TCMH Healthcare Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUBMISSION:** Prior to submitting, please check your application for completeness including essay responses and resume. See page 1 for checklist. Incomplete applications will not be considered.

### Application process:

This is an interactive PDF form. Fill out form in Adobe Acrobat. Print and return the completed application with appropriate educational program information, career/educational goals essay, community involvement essay, resume, high school transcripts (and college transcripts if applicable), and proof of acceptance to accredited institution of higher education to:

**Jay Gentry**  
Texas County Memorial Hospital Healthcare Foundation  
1333 S. Sam Houston Blvd.  
Houston, MO 65483

**CAREER GOALS/EDUCATIONAL GOALS:** (short essay)

Please describe your career goals and educational goals. Include your reasons for choosing healthcare as a profession. Please tell us how this scholarship will help you towards your career goal.

**COMMUNITY INVOLVEMENT** (short essay):

Please describe your community involvement or list various volunteer activities that you have participated in (e.g. Mayor's youth council, community betterment, etc.). Include your reasons for taking part in such activities or being associated with the different organizations. Please note, community involvement activities are of a volunteer nature and thus not paid positions. Do not list job or work related activities for which you received pay.

**RESUME** (no longer than 2 pages):

Please provide us with an up-to-date resume. The committee will be reviewing and considering this information during the selection process. Please copy resume on correct sheet to be included with completed application.

RESUME (cont.):

A large empty rectangular box with a thin black border, intended for the applicant to write their resume.