

TCMH HEALTHCARE FOUNDATION

1333 S. Sam Houston Blvd.

Houston, MO 65483

SCHOLARSHIP APPLICATION

Personal Information

Full name: _____ Date of application: _____

Address: _____
Street or P.O. Box

City/MO

Zip Code

County

Telephone: _____
Home Alternate: Work or Cellular

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:

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References:

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

1. _____

2. _____

Career goals/educational goals (short essay): Please describe your career goals and educational goals. Include your reasons for choosing healthcare as a profession. Please type or attach a response on a separate sheet of paper and include with 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 or attach a response and include with the 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 enclose a copy of your resume to be included with the 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 mailing, please check your application for completeness including essay responses and resume. **Incomplete applications will not be considered.**

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SPECIAL NOTE:

THIS APPLICATION IS FOR THE GENERAL FOUNDATION SCHOLARSHIP ONLY. IF YOU WANT TO BE CONSIDERED FOR OTHER FOUNDATION SCHOLARSHIPS, THEN PLEASE COMPLETE THE APPROPRIATE APPLICATION. DO NOT SEND ONE APPLICATION FOR ALL THE SCHOLARSHIP OFFERINGS.

TEXAS COUNTY MEMORIAL HOSPITAL HEALTHCARE FOUNDATION EDUCATIONAL SCHOLARSHIP

The scholarship is available to all students and allied health professionals interested in furthering their education in a healthcare related field that involves direct patient care. 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 (40 mile radius of Houston) is eligible to apply, with priority consideration given to Texas County residents or high school graduates of a Texas County school. Priority consideration is also extended to Mtn. Grove residents or high school graduates of the Mtn. Grove R-III School District. Preference may also be given to eligible staff with a current 90 day history of satisfactory employment at Texas County Memorial Hospital. 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.

Scholarship:

Scholarship amount granted to recipient is \$1000. Check will be made payable to the recipient and/or the school.

Dates for accepting applications:

Fall semester: April 1 - July 1

Spring semester: Nov. 15 - Jan. 14

Deadline for applications:

Fall semester: July 1, 12PM

Spring semester: Jan. 14, 12PM

Award announcement:

Fall semester: Sept. 1

Spring semester: Feb. 1

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Application process:

Please complete the questions on the attached application. Return the completed application with appropriate educational program information, career/educational goals essay, community involvement essay, resume, high school transcripts (and official college transcripts if applicable), and proof of acceptance to accredited institution of higher education to:

Jeff Gettys

Texas County Memorial Hospital Healthcare Foundation

1333 S. Sam Houston Blvd.

Houston, MO 65483

TCMH HEALTHCARE FOUNDATION 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**
- ☐ **Education Information completed**
 - Educational transcript or diploma for high school (Office copy preferred)
 - College transcript if applicable (Official copy preferred)
 - Degree or educational program information
 - Proof of acceptance to accredited institution of higher education or proof of enrollment.
- ☐ **References listed**
- ☐ **Essay on educational and career goals**
- ☐ **Essay on community involvement**
- ☐ **Copy of your Resume**
- ☐ **Signed application**

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Applicants are encouraged to submit the aforementioned information in a timely manner corresponding to the appropriate deadlines for a respective semester. Failure to do so can result in an application being judged incomplete and thus not considered in the competition.