

**MONROE COUNTY MEDICAL CENTER
COLLEGE SCHOLARSHIP FOR GRADUATING HIGH SCHOOL STUDENTS**

Policy:

Monroe County Medical Center will offer graduating high school seniors pursuing higher education two scholarships (as described below), providing the recipients remain a full-time student and maintain a C average.

Eligibility:

1. Applicants for the \$6000 scholarship must be a resident of Monroe County who will graduate in May or who has completed their GED and will be pursuing a career in the medical field.
2. Applicants for the \$4000 scholarship must be the child of an MCMC employee who will graduate in May/June or who has completed their GED and will be pursuing a career in the medical field.

Application Procedures:

1. Students interested in applying will be required to complete the attached **Application for Scholarship Consideration, including a copy of a transcript to include ACT scores, list of Leadership information (clubs/organizations including offices/positions held, other extra-curricular activities and employment)** and a typed or written **statement (150 words or less) concerning your future plans**.
2. The Education Committee will review each application. Applicants may be asked to interview with the Committee to aid in the selection process. If there is more than one applicant competing for the scholarship, the Committee will rank order the applicants.
3. Selection will be based upon academic standing (one fourth), demonstrated leadership ability (one fourth), statement of future plans (one fourth), and economic need (one fourth). Economic need will be met by: (1) Evaluation of applicants described need and (2) Discussion during the final selection by the committee.

Tuition Assistance:

1. The hospital will provide a \$6000 (\$1500 annually) scholarship to the selected applicant who is enrolled at an accredited state institution providing the recipient remains enrolled (4 years consecutively), attends **full time** classes and maintains a C average. The hospital will provide a second scholarship with all the same criteria at \$4000 (\$1000 annually) to the child of an MCMC employee.
2. After completing the semester, the scholarship recipient must forward a copy of the final semester grades, along with enrollment verification for the next semester.

NOTE: All applications must be submitted, in a sealed manila envelope, to the administrative office of Monroe County Medical Center no later than 4:00 p.m. on Monday, April 30, 2018.

MCMC RESUME FOR SCHOLARSHIP CONSIDERATION

Biographical Data

Full Name _____

Date of Birth _____

Mailing Address _____

Please Attach the Following:

___ **Completed application** for scholarship consideration including **financial need** information

___ A **transcript** of your high school grades including **ACT scores**

Leadership Information (please include a listing of each of the following if applicable):

___ School and Community Clubs: Include a summary of school or community clubs and organizations (including athletics) that you participate in as a member or officer; include the name of the organization or club, the number of years you have been a member/officer and positions held (use additional sheets if needed);

___ Volunteer and Community Service: Summarize volunteer work and/or community service activities in which you have been involved (without pay) – include the name of the organization, the number of hours served, dates served, the name of a contact person for verification, and a description of how you participated (use additional sheets if needed);

___ Work Experience: List all work experience during high school – include dates, position and name of employer or supervisor (use additional sheets if needed);

___ Include a summary of honors, recognitions or awards received (use additional sheets if needed)

___ Statement (typed or written; if written, use black or blue ink only) of 150 words or less concerning your **future plans**

Enclose in a manila envelope addressed to MCMC Education Committee.

Applications may be submitted to the administration office of Monroe County Medical Center no later than 4:00 p.m., Monday, April 30, 2018.

MCMC APPLICATION FOR SCHOLARSHIP CONSIDERATION

Academic Data

GPA _____ **ACT** _____ **Class Rank** _____

College You Plan to Attend: _____

Major/Field of Study Pursuing: _____

Years Enrolled In:

_____ Language Arts _____ Math _____ Science _____ Social Studies

How many college hours will you have completed at the end of your high school career? _____

If known, list any financial aid or scholarships you have been awarded and the amounts:

Financial Need

Father's Taxable Income Last Year _____

Mother's Taxable Income Last Year _____

Total Number of family members living at home: _____

Number of dependents in your family, including yourself: _____

Do you have any siblings attending college? ___ Yes ___ No If yes, how many? _____

Please list any other financial considerations/needs that should be noted.

