

**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 three scholarships (as described below), providing the recipients remain a full-time student for 4 consecutive years and maintain a C average.

**Scholarships and Eligibility:**

1. Future Healthcare Professional Scholarships
  - a. \$1500 annually for 4 consecutive years; must be a resident of Monroe County and a student in the Monroe County School System at time of graduation or receipt of GED; must remain a full-time student, maintain a C average and pursue a degree in healthcare for the full 4 years. Failure to continue pursuing a degree in a healthcare career-related field will result in loss of scholarship after the change in major.
  - b. \$1000 annually for 4 consecutive years; available to the child of a Monroe County Medical Center employee; must remain a full-time student, maintain a C average and pursue a degree in healthcare for the full 4 years. Failure to continue pursuing a degree in a healthcare career-related field will result in loss of scholarship after the change in major.
2. General Scholarship
  - a. \$1000 annually for 4 consecutive years; available to the child of a Monroe County Medical Center employee; must remain a full-time student, maintain a C average; may pursue a degree in any field of study

**Application Procedures:**

1. Students interested in applying are 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 performance (one fourth), demonstrated leadership ability (participation in school functions and clubs, participation in civic organizations, etc.) (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 scholarship assistance to the selected applicants who are enrolled at an accredited state institution providing the recipient remains enrolled (4 years consecutively), attends **full time** classes and maintains a C average.
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 Friday, March 31, 2023.**

## MCMC RESUME FOR SCHOLARSHIP CONSIDERATION

### **Biographical Data**

Full Name \_\_\_\_\_

Name of Parents/Legal Guardian \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Student Signature: \_\_\_\_\_

### **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**

Note: Application is to be completed by student.

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., Friday, March 31, 2023.**

**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 2022** (Box 5 of W-2) \_\_\_\_\_

**Mother's Taxable Income 2022** (Box 5 of W-2) \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



