

Questions? Call Barbara Pounton
460 258 2771

PERSHING MEMORIAL HOSPITAL AUXILIARY HEALTH CAREER SCHOLARSHIPS

INFORMATION SHEET

Any area graduating senior pursuing a career in any medical field may apply for a scholarship administered by PMH Auxiliary. Types of scholarships awarded shall be determined annually by the auxiliary and its scholarship committee, based upon the annual budget and current obligations. The number of scholarships awarded yearly shall vary with those needing renewal and available funds as decided by committee.

Type of Scholarships	Annual Amount	Time Period
Thelma Harrington Memorial Scholarship	\$600	First Year Only
	\$500	Renewable (3 years maximum)
Auxiliary Scholarship	\$500	Renewable (4 years maximum)

APPLICATION PROCESS

Upon completing application forms available from their school or an auxiliary member, applicants must submit verification of current term's grades and acceptance at an accredited institution in a course of study leading to a career in a medical field. Questions may be directed to the scholarship committee at 258-1271.

New applications must be received by the auxiliary by April 15.

Please submit applications to: PMH Auxiliary, Attn: Scholarship Committee
130 E. Locking, Brookfield, MO 64628

Selections shall be made by May 1. Recipients and their current school shall be notified. The Auxiliary President may present the scholarship to recipients at their school's award ceremony.

PAYMENT PROCEDURE

All scholarship payments shall be made in two equal payments per year at times determined by the Auxiliary Committee. Continuation of scholarship payments will require that the recipient satisfy the auxiliary with the following four conditions:

- provide a copy of their grades from the current term
- provide a copy of class schedule for next term
- maintain a grade point average of 2.5
- continue a course of study leading to a career in a medical field

RENEWAL PROCEDURE

Auxiliary Scholarships may be renewed for as many years as the committee determines providing that the above conditions have been met and the auxiliary has the financial means to continue.

- The recipient shall notify the auxiliary upon changing their address or early completion of degree.
- The committee shall notify recipients of the first or second semester date for renewal decisions.
- Requests with documentation for renewals must be received by the committee in a timely method.
- The recipient shall notify the auxiliary upon changing their area of study or their withdrawal from school before the end of the term. The recipient must refund any payment received for that term.

PERSHING MEMORIAL HOSPITAL AUXILIARY

Health Career Scholarship Application

What Health Career have you chosen?

Why have you chosen this career?

How would this scholarship benefit you?

PERSHING MEMORIAL HOSPITAL AUXILIARY

Health Career Scholarship Application

NAME _____ Date _____

Home Address _____

City _____ Zip Code _____ Phone _____

Name of Parents or Guardians _____

Father's Occupation _____

Mother's Occupation _____

Name of School currently attending _____

Current Grade Point Average (on a 4.0 grading scale) _____

Please give three (3) personal references: (Include name, address and phone number)

1. _____ 2. _____ 3. _____

What School do you plan to attend? _____

Have you been accepted? (Circle One) YES NO

When do you plan to enroll? _____

When do you expect to complete your studies? _____

Please RETURN THIS APPLICATION by **APRIL 15** to:

PMH Auxiliary, Attn: Scholarship Committee
130 E Lockling, Brookfield, MO 64628

Please **RETAIN** the INFORMATION SHEET for your files as it contains the requirements necessary to maintain your eligibility.