

*Martin Memorial Health Systems  
Auxiliary Scholarship Application  
2010*



**Hope at Every Turn**

*Scholarship Deadline  
Friday, January 29, 2010*

# SCHOLARSHIP PROGRAM CHECK LIST

UTILIZE THIS CHECK LIST TO ENSURE THAT YOU HAVE SUBMITTED ALL DOCUMENTS REQUIRED FOR SCHOLARSHIP CONSIDERATION

- ◆ DO NOT STAPLE any of the forms, please use a paperclip
- ◆ Submit all items in the order (1-9) listed below
- ◆ Do not submit in a binder or other report cover
- ◆ Refer to the following instruction pages for specific information related to this checklist

1. <input type="checkbox"/> Completed Application. (Only the application, not the instruction pages.)
2. <input type="checkbox"/> A typed essay ( <b>500-1000 words maximum, double-spaced in 12 point Times New Roman font</b> ). The topic of the essay should include why the applicant has a desire to work in the healthcare field. Applicants may be business or clinical students. Students studying prerequisites are eligible to apply.
3. <input type="checkbox"/> Complete financial data page. This information is used along with the requested income information to determine the level of financial need. Providing too little, or inaccurate information could result in a determination that your family is financially able to contribute to your education.
4. <input type="checkbox"/> Copy of 2009 W-2 or final check stub of 2009. (If dependent, parents info). See guidelines on page 4.
5. <input type="checkbox"/> Documentation of estimated annual expenses from college catalog or website.
6. <input type="checkbox"/> Copy of the most recent <b>OFFICIAL</b> transcript with state GPA. See guidelines on previous page. <b>This requirement is non-negotiable; please plan accordingly to apply by the deadline.</b> See specific guidelines on the following page.
7. <input type="checkbox"/> Two letters of recommendation. (Copies of the attached reference form may be used).
8. <input type="checkbox"/> Proof of permanent Martin or St. Lucie County residency. (A copy of your Driver's License or Voter's Registration card will satisfy this requirement).
9. <input type="checkbox"/> If not a U.S. Citizen, please provide a copy of your Resident Alien card or status.

**COMPLETED APPLICATIONS MUST BE RECEIVED ON, OR BEFORE Friday, January 29, 2010. This deadline is non-negotiable. Incomplete applications will not be considered.**

**In Person:**

**Rachel Raos  
Martin Memorial Medical Center  
Media Services Office  
200 SE Hospital Avenue  
Stuart, FL 34994  
(772) 288-5896**

**By Mail:**

**Rachel Raos  
MMHS  
Media Services  
PO Box 9010  
Stuart, FL 34995-9010**

All applicants will be informed of his or her award status in writing. Letters will be mailed on or before March 19, 2010. Please allow a reasonable amount of time to receive this correspondence.

## SOURCE

- ◆ Martin Memorial Medical Center Scholarship Fund, established by the Hospital Board of Directors
- ◆ Martin Memorial Hospital Auxiliary Scholarship Fund, provided by the Auxiliary

## OBJECTIVES

Martin Memorial Health Systems, the Board of Trustees, Administration, and Auxiliary have demonstrated their interest and support for healthcare workforce development through implementation of a scholarship program. This scholarship is for both graduate and undergraduate health-related, and business related disciplines necessary for the delivery of quality health care to the citizens in the service area of MMHS.

## ELIGIBILITY

Scholarship funds are available to:

1. Associates of Martin Memorial Health Systems that are entering at least an academic program of at least 6 credits per semester.
2. Graduating seniors of Martin or St. Lucie County High Schools
3. Verifiable residents of Martin or St. Lucie County

**Applications must be received on, or before Friday, January 29, 2010.  
Completed applications should be sent to:**

### In Person:

Rachel Raos  
Media Services  
Martin Memorial Medical Center  
200 SE Hospital Avenue  
Stuart, FL 34994

### By Mail:

Rachel Raos  
Media Services  
MMHS  
PO Box 9010  
Stuart, FL 34995-9010

**NO EXCEPTIONS!** Applications not received by mail or in person by the deadline will not be accepted. **The deadline date is NOT a postmark date.** Transcripts and references may be sent separately as long as all required components of the application are received by the deadline. Transcripts **MUST BE** originals, certified by the school's registrar. They may be sent directly from the school to Rachel Raos at the PO Box address above, or submitted by the applicant as long as they are in an envelope sealed by the school's registrar.

**Application must be a Martin Memorial application. Other applications will be rejected.**

### Award Criteria

**Awards:** Scholarship awards are granted in the spring preceding enrollment. Review of the recipient's progress within their programs may be conducted on at any time. Awards are a one-time gift and recipients may reapply annually.

## General Criteria

- The applicant must submit a completed application for scholarship on, or before Friday, January 29, 2010.
  - An acceptance letter from the desired college program should accompany the Scholarship Application.
  - A certified transcript from the educational institution is required and may be sent directly to Rachel Raos, Learning Specialist, PO Box 9010, Stuart, FL 34995-9010; or hand delivered by the applicant so long as the transcript is in an envelope bearing the seal of the registrar.
1. **Essay:** Applicants are required to submit an essay that describes why they have chosen their particular area of study. The essay must be double spaced typed in 12 point, Times New Roman font.
  2. **Scholarship Ability:** Applicants are required to submit evidence of academic achievement as measured by Grade Point Average (GPA).
    - a. High school seniors who will graduate in 2010 must demonstrate a State GPA of 3.2 or higher, as verified by an official copy of the transcript from the high school registrar.
    - b. Renewal applicants or college students must demonstrate a minimum institution GPA of 3.0 or higher, as verified by an official copy of the transcript from the college or university registrar.
    - c. Transcripts must be original and certified from the most recent educational institution. They may be mailed directly to Rachel Raos in the Learning & Organizational Development Department at Martin Memorial, or hand delivered by the applicant so long as the transcript is in an envelope bearing the seal of the registrar. Copies, unofficial transcripts, or transcripts printed from the internet are unacceptable. Deadlines **WILL NOT** be extended to those whose transcripts do not arrive on or before the deadline. There are no exceptions to this rule.
    - d. Awards will not be given for advanced degrees.
    - e. No recipient may receive more than four (4) scholarship awards.
  4. **Financial Need:** Applicants are required to submit evidence of financial need. Financial statements must be submitted and will be maintained in confidence by Martin Memorial Scholarship Coordinator to meet this criterion. Such statements include:
    - Copy of W-2 for 2009, final paycheck stub of the 2009, *or the latest tax return* (most recent available by deadline). Married applicants must submit the W2/tax return(s) that will show the combined household income. If another person claims you as a dependant, you must submit the W2 or tax return(s) for the household *along with your own* W2 or tax return.
      - o If you received unemployment compensation, state financial assistance, and/or disability income in 2009, and no income tax information is available, please submit documentation of the assistance received.
    - Statement of recurrent household expenses such as: mortgage, car payments, insurance, other college tuition being paid, etc.
    - Statement of extenuating/unusual circumstances relevant to the financial status of the applicant (such as other elderly dependants)
    - Expenses (annual) estimated from school brochures/course catalogs
    - Financial assistance from other programs (including any assistance from FAFSA, Bright Futures, MMHS tuition assistance, or other scholarships you are receiving).
  5. **Community Service:** The applicant's record of community service is considered.

### **Obligations:**

1. The Martin Memorial scholarship coordinator may request grade reports at any time.
2. The recipient must notify the coordinator of any changes in status or personal information. This includes a change of address. All recipients must have a permanent address in Martin or St. Lucie Counties to remain eligible to receive funds. Proof of residency can be requested at any time.
3. A Recipient awarded a scholarship gift is expected to attend the college of his or her choice beginning with the following academic semester, which may include the summer term. However, if after accepting a scholarship award, the recipient finds that he or she is unable to use the gift for any reason, the Martin Memorial Scholarship Committee respectfully requests the gift be returned to the scholarship fund for use by other students.

**SECTION A: APPLICANT'S IDENTIFICATION INFORMATION**

1. Name: \_\_\_\_\_
2. Permanent mailing address (mail will be sent to this address):  
Street address : \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
3. Contact Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_
4. Email address: \_\_\_\_\_
5. Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ \* If no, please provide a copy of your Resident Alien status
6. Martial Status:     S     M     D     W
7. Name of educational institution to which you have applied: \_\_\_\_\_
8. Have you been accepted into the institution/program? \_\_\_\_\_ Yes    \_\_\_\_\_ No
9. What degree are you seeking? \_\_\_\_\_
10. When do you anticipate graduation from your program? (Month/Year) \_\_\_\_\_

**SECTION B: EMPLOYMENT**

1. Are you currently employed? \_\_\_\_\_ Yes    \_\_\_\_\_ No
2. If yes, how many hours per week do you work? \_\_\_\_\_ hours
3. Name of employer(s): \_\_\_\_\_
4. How long have you been employed at your present job? Months \_\_\_\_\_ Years \_\_\_\_\_
5. Do you plan to work while attending school? \_\_\_\_\_ Yes    \_\_\_\_\_ No
6. If Yes to #5, how many hours will you work? \_\_\_\_\_ Hours
7. Have you ever been a volunteer for Martin Memorial Health Systems?    YES    NO

**SECTION C: PARENTAL AND FAMILY INFORMATION**

1. Does anyone claim you as a dependent? \_\_\_\_\_ Yes \_\_\_\_\_ No **(If no, go to question #8).**
2. Who classifies you as a dependent? \_\_\_\_\_
3. Are both of your parents living? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Parents' Martial Status:     S     M     D     W
5. Father's occupation/employer: \_\_\_\_\_
6. Mother's occupation/employer: \_\_\_\_\_
7. Number of family members currently living in your household: \_\_\_\_\_ (Include yourself, your parents, your parents' other children and any other people if they are legally dependent upon your parents for support.)
8. Do you have legal dependents (other than spouse)? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. If you have dependents other than a spouse, how many are in each of the following age groups:  
0-5 \_\_\_\_\_ 6-12 \_\_\_\_\_ 13+ \_\_\_\_\_ Elderly Parents \_\_\_\_\_

**SECTION D: EDUCATIONAL BACKGROUND**

1. High school: \_\_\_\_\_
2. When will you/did you graduate? \_\_\_\_\_
3. List all high school academic honors/activities/clubs/etc., include dates:  
\_\_\_\_\_  
\_\_\_\_\_
4. List all colleges, technical or post-secondary schools that you have attended including dates. Begin with the college you attended most recently:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List college academic honors/activities/clubs/etc.:  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION E: FINANCIAL INFORMATION**

**Current Monthly Income: (\*Must submit all 2009 or most recent W-2 forms.**

If you received unemployment compensation, state financial assistance, and/or disability income in 2009, and no income tax information is available, please submit documentation of the assistance received.

You: \$ \_\_\_\_\_  
Parent(s): \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

**Current Monthly Expenses:**

House: \$ \_\_\_\_\_  
Utilities: \$ \_\_\_\_\_ (include phone & misc. utilities)  
Insurance: \$ \_\_\_\_\_  
Car: \$ \_\_\_\_\_ (include gas & maintenance)  
Food: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

1. Estimated cost of program for upcoming year (include registration, tuition and books ONLY. (Provide documentation from course catalogue):  
Tuition/Semester: \$ \_\_\_\_\_  
Books/Semester: \$ \_\_\_\_\_
2. Financial assistance from other programs (including any assistance from FAFSA, Bright Futures, MMHS tuition assistance, or other scholarships you are receiving). \$ \_\_\_\_\_
3. Do you have a Florida or other pre-paid college program? \$ \_\_\_\_\_
4. Are you an MMHS Associate?  
a. If yes, do you work 36 hours or more per week? YES NO  
b. What is your month and year of hire? \_\_\_\_\_  
c. Are you participating in the tuition assistance benefits? YES NO
5. Are you able to obtain student or other loans? YES NO
6. Are there any other college students in your home? YES NO
7. If yes, how many other students are in the home? \_\_\_\_\_
8. If yes, are they receiving financial assistance? YES NO

**If you have any extenuating circumstances in your family, please indicate:**

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**Is there any other information you wish to share regarding your financial situation?**

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**SECTION F: COMMUNITY SERVICE**

List any volunteer organizations, community organizations or community service activities you have done in the past two years and the name of the person you report to: ( i.e., PTA/school related activities/coaching, soup kitchen, heart/cancer walks, church related activities, etc.)

_____ Organization & event(s) participated in	_____ Name of person reported to	_____ # of hours
_____ Organization & event(s) participated in	_____ Name of person reported to	_____ # of hours
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**SECTION G: REFERENCES (Use attached forms)**

- If employed, submit one of the two required references from your immediate supervisor.
- If not employed, submit two references from two responsible, non-related adults such as a community or church leader, teacher, academic advisor, or former employer.

**SECTION H: ESSAY**

Complete your essay (500 – 1000 words) double spaced, on a separate sheet of paper and attach to the application. Essay must be typed.

**SECTION I: CERTIFICATION**

All the information on this form and the attached supplemental information is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form if requested.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Please complete and return this form to the applicant or to:  
Martin Memorial Medical Center  
Rachel Raos/Media Services  
PO Box 9010  
Stuart, FL 34995

**CONFIDENTIAL REFERENCE FORM**  
**(Please complete all sections)**  
**THIS FORM MAY BE PHOTOCOPIED**

Dear \_\_\_\_\_  
Name of reference

I am applying for aid from the Martin Memorial Health Systems Auxiliary to further my career goals in the healthcare field. I have been accepted/applied for admission to \_\_\_\_\_ (institution). I request that you complete this form and return it to the person listed above:

Signature of applicant \_\_\_\_\_

**Name: (Print)** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

State your comments regarding the applicant below. You may wish to include the following:

Rating of job performance \_\_\_\_\_

Initiative \_\_\_\_\_

How committed do you feel the applicant is to achieving his or her goals? \_\_\_\_\_  
\_\_\_\_\_

Maturity and stability \_\_\_\_\_

Adaptability \_\_\_\_\_

Honesty and integrity \_\_\_\_\_

Comments \_\_\_\_\_

Reference name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ email: \_\_\_\_\_

Please complete and return this form to the applicant or to:  
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Maturity and stability \_\_\_\_\_

Adaptability \_\_\_\_\_

Honesty and integrity \_\_\_\_\_

Comments \_\_\_\_\_

Reference name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ email: \_\_\_\_\_