

THE FITZGIBBON HOSPITAL SCHOLARSHIP

Scholarship Guidelines

\$2,500 in scholarships is awarded annually to local graduating high school seniors pursuing studies in a healthcare-related field. Please review the following criteria to make sure you qualify for the scholarship. **Incomplete applications will not be reviewed.**

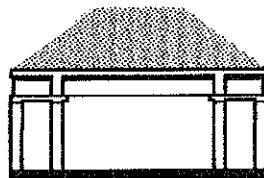
Criteria:

1. Applicant must be a graduating High School senior from Saline, Chariton or Howard County, or a dependent of a Fitzgibbon Hospital/The Living Center employee.
2. Applicant must have been accepted by an accredited school, college or university offering a certificate or degree program in a healthcare-related field. **Letter of Acceptance is required.**
3. Submit at least **two letters of recommendation**, one from a representative of the student's high school and one from a member of the community.
4. Submit a completed application with a copy of an official high school transcript by **APRIL 3, 2020** to:

Fitzgibbon Hospital
Attn: Human Resources
2305 S. 65 Highway
Marshall, MO 65340

High school counselor will be notified of the recipients of the awards by April 24, 2020. Upon verification of enrollment, a check will be sent to the Financial Aid office of the recipient's school at the beginning of the first semester.





FITZGIBBON HOSPITAL

Application for The Fitzgibbon Hospital Scholarship Application Deadline: April 3, 2020

All information submitted with this application is confidential. Please print or type. If you need additional space, please write or type on plain white 8 1/2 x 11 paper and attach to application.

PERSONAL DATA

Name _____ Birthdate _____

Social Security Number _____

Current Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Email address: _____

Father's Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Mother's Name _____

Check if same as father's address.

Address _____ Phone _____

City _____ State _____ Zip _____

EDUCATIONAL BACKGROUND

Name of high school _____

Address _____

City _____ State _____ Zip _____ Phone _____

SCHOOL ACTIVITIES/ AWARDS

Please list awards, honors, and activities participated in for the last 2 years. Prior years may be listed on a separate sheet of paper.

Please list any scholarships received.

Other activities and offices held (High school, community clubs)

WORK EXPERIENCE (other than volunteer)

List all work experience in which you have participated, whether related to health care or not.

Employer	Job Title or Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFILE OF THE APPLICANT (Educational and Career Goals)

Scholastic standing: GPA _____

Name of school you will be attending in the fall _____

Major _____ Minor area of specialization _____

How do you plan on paying for your education?

What health career do you plan to pursue?

What qualifications do you feel you have to pursue a health care career (100 words or less).

Education and occupational goals as they relate to the health care industry (100 words or less).

After graduation from college, do you plan to return to the Marshall community?

VOLUNTEER ACTIVITIES/ SERVICES

Name of agency or institution _____

Supervisor _____ Address _____

Phone _____ Fax _____

Total hours _____ Hours during last 2 years _____

Name of agency or institution _____

Supervisor _____ Address _____

Phone _____ Fax _____

Total hours _____ Hours during last 2 years _____

Name of agency or institution _____
Supervisor _____ Address _____
Phone _____ Fax _____

Total hours _____ Hours during last 2 years _____

The applicant hereby consents that the Scholarship Selection Committee be fully informed as to the Applicant's scholastic standing, character, and other factors having a bearing on this application.

(Signature of Applicant)

(Date completed)

Please note: It is the applicant's sole responsibility to see that the completed application, official transcripts, acceptance letter to college, and letters of recommendation are received by Fitzgibbon Hospital Human Resources by April 3, 2020. **Incomplete applications will not be reviewed by the scholarship committee.**