

THE FOUNDATION OF MONONGALIA GENERAL HOSPITAL  
RETA & PAUL GABRIEL SCHOLARSHIP

**Applications must be received by January 30, 2015 at The Foundation of Mon General Hospital.**

**ELIGIBILITY REQUIREMENTS**

To be eligible for a scholarship, the applicant **MUST**:

1. At the time of application and award, must be a full time employee of the Monongalia Health System.
2. Have been a full-time employee of the hospital/health system for at least two consecutive years prior to submitting an application.
3. Use the hospital/health system tuition reimbursement system first and be an employee in good standing at time of application and payments. An employee in good standing is one with a meets or better on their last evaluation and has no current disciplinary actions on record.
4. Meets all the requirements of the hospital/health system tuition program at all times. Employee must maintain a “B” or better average to get the payments. An employee on a Leave of Absence is not eligible.
5. Payments must be individually scheduled with the Foundation Executive Director (Bill Hennessey).
6. Agree to remain a hospital/health system employee for two years after completing the degree.
7. Be in need of financial assistance to meet educational expenses, including expenses for continuing academic education at the graduate level. Applicants in need of Financial Assistance are given preference.
8. Payment will be limited to actual expenses for up to a **maximum of \$10,000** for tuition, lab fees and books. **Hospital Health System Tuition program must be used first.**
9. Applicant must take and pass at least 6 hours per school year.
10. Be enrolled or planning to enroll in an accredited school in a Master’s Degree program applicable to the needs of Mon Health System.

**INSTRUCTIONS FOR APPLYING**

To be considered for a scholarship, the applicant **MUST**:

1. Include with the application a letter from the applicant describing his/her reasons for selecting a specific health career, career goals, need for financial assistance and any other information the student would like considered as a part of the application. The letter must not exceed 300 words. Also, include your time table for taking courses and completing your degree.

2. Include Attachment 1 with two written recommendations\*\* from the applicant's instructors, employers, community leaders and/or clergy who are unrelated to the applicant and in a position to comment on his/her abilities, character, personality and commitment to education and health care. **\*\*One of the two letters must come from a member of the Mon Health System Administration.** Letters must be included as part of your application.
3. Include with the application a stamped, self-addressed, business size (#10) envelope.
4. **ALL MATERIALS MUST BE SUBMITTED UNFOLDED (FLAT) IN A 9X12 ENVELOPE.**

### **Failure to Complete School Term**

Our scholarship agreement will include a clause stating that if the scholarship recipient fails to complete a semester or prescribed term, any refund which is due will be made payable to The Foundation of Monongalia General Hospital.

Recipients will be determined in February and will be notified in March. This scholarship is for tuition, books and lab fees with a maximum value of \$10,000.

This Form May Be Duplicated

APPLICATION FOR  
THE FOUNDATION OF MONONGALIA GENERAL HOSPITAL  
THE RETA & PAUL GABRIEL SCHOLARSHIP  
(Please print or type all information clearly; attach extra sheets if needed)

PERSONAL DATA:

NAME:(Print Clearly) \_\_\_\_\_

DATE: \_\_\_\_\_

HOME ADDRESS (Print Clearly) \_\_\_\_\_  
Street City Zip

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EDUCATION:

BACHELORS DEGREE: \_\_\_\_\_

COLLEGE YEAR GRADUATED: \_\_\_\_\_

Please attached a copy of your college transcript.

OTHER ADVANCED DEGREES:

COLLEGE: \_\_\_\_\_

YEAR OBTAINED: \_\_\_\_\_

LIST SCHOOLS APPLIED TO AND ACCEPTED BY:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Accepted \_\_\_ Pending \_\_\_ Accepted \_\_\_ Pending \_\_\_ Accepted \_\_\_ Pending \_\_\_

CURRENT STUDENT STATUS: PART-TIME \_\_\_ FULL-TIME \_\_\_

NAME OF College/University: \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_ EXPECTED GRADUATION DATE: \_\_\_\_\_

If currently attending graduate school; attach a print out of grades for all courses.

FAMILY & FINANCIAL STATUS:

Your current annual income: \_\_\_\_\_ If married, spouse's current annual income: \_\_\_\_\_

Total number of dependents on income, including applicant: \_\_\_\_\_

Ages of dependents in family, including applicant: \_\_\_\_\_

**In order to qualify for this scholarship, you MUST attach a copy of your latest submittal or print-out of the Free Application for Federal Student Aid (or FAFSA), which can be obtained on-line. If this full print-out is not included, your application will not be considered.**

NOTE: Omission of any of the above information may eliminate your application from consideration.

**APPLICATIONS MUST BE SENT IN A 9X12 ENVELOPE  
(ALL MATERIALS TOGETHER) AND RECEIVED NO LATER THAN JANUARY 30, 2015 TO:**

Executive Director  
The Foundation of Monongalia General Hospital  
1200 J. D. Anderson Drive  
Morgantown, WV 26505

Applicant's letter, transcripts, letters of recommendation and envelope must be submitted with the application for consideration. THE FOUNDATION CANNOT MATCH PIECES OF APPLICATIONS.

I agree not to accept more aid from all sources (excludes family) than exceeds my annual tuition, books, lab fees.

How did you learn about this scholarship opportunity? \_\_\_\_\_

I hereby consent to the release of information from any of the above to The Foundation of Monongalia General Hospital.

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. Further, I hereby give my permission for The Foundation of Monongalia General Hospital or its designated representatives to contact my Financial Aid Officer, Guidance Counselor, or other Advisor at my school in which I am enrolled, have been previously enrolled or to which I have made application. This contract shall be for the purpose of soliciting and obtaining information which may be necessary or helpful to The Foundation in understanding my academic career and financial needs in connection with the processing of this application or for the purpose of auditing the use of scholarship funds received as a result of application made to The Foundation of Monongalia General Hospital Scholarship Program.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ATTACHMENT I

THE FOUNDATION OF MONONGALIA GENERAL HOSPITAL  
RETA & PAUL GABRIEL SCHOLARSHIP

The applicant must complete Items 1 and 2 below before forwarding the form to the respondent.

1. APPLICANT

Name: (Print Clearly) \_\_\_\_\_  
Last First Middle

SS#: \_\_\_\_\_

The Foundation requires two letters of recommendation from individuals who may provide pertinent information regarding your candidacy as a recipient of an award. Deliver this form to individuals who know you well enough to provide information requested. Include your signature on the line below if you wish to waive your rights under the Family Education Rights and Privacy Act of 1974.

2. WAIVER BY APPLICANT

I have asked \_\_\_\_\_ and \_\_\_\_\_ to provide letters of recommendation. I understand my rights under the Family Educational Rights and Privacy Act of 1974 to examine letters received by you on my behalf. In order to encourage the author to write with candor, I waive the right of access under the aforesaid statute to any confidential statement the writer may submit. I understand the execution of the waiver is not a condition for the consideration of my application.

\_\_\_\_\_  
Applicant's Signature Date: \_\_\_\_\_

\*\*\*\*\*

Dear Respondent:

The above-named person is applying for a scholarship through The Foundation of Monongalia General Hospital Scholarship Program. As a part of that procedure, the applicant is required to have two letters of recommendation returned to The Foundation of Monongalia General Hospital, 1200 J. D. Anderson Drive, Morgantown, WV 26505 as part of a total application package. You may put your response in a sealed envelope with the applicant's name on it. **It must be returned to the applicant to be submitted with his/her application, which is due in the office of The Foundation of Monongalia General Hospital by January 30, 2015.**

Your information will assist The Foundation in making important decisions. Please give us the benefit of your observations of the applicant based upon personal knowledge. Unless the rights afforded by the Family Educational Rights and Privacy Act of 1974 are waived by the applicant by the execution of the waiver above, The Foundation cannot assure the confidentiality of your comments.