

THE FOUNDATION OF MONONGALIA GENERAL HOSPITAL
HEALTH CAREER SCHOLARSHIPS
(\$1000 PER SCHOOL YEAR)

Applications must be received by March 15, 2015 at The Foundation of Mon General Hospital.

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

1. At the time of application and award be a resident of one of these states and counties:

<u>States</u>	<u>Counties</u>
West Virginia:	Monongalia, Marion, Taylor, Preston, Wetzel, Harrison and Tucker
Pennsylvania:	Fayette and Greene

Exceptions: Full and part-time employees of Monongalia Health System and their children will be eligible regardless of residence.

2. Be enrolled or planning to enroll in one of the following eligible career fields at any accredited school (no geographic restrictions):

One or Two Year Degrees or Certificates:

Associate in Nursing
Emergency Medical Technician/Paramedic
Registered Radiology Technologist
Dietetic Technician
Health Information Technology
Medical Laboratory Technician
Radiologic Technologist
Registered Respiratory Therapist
Ultrasound Technologist

Three, Four, or More Year Degrees:

Pharmacy
Nursing - BSN
Nursing - Diploma
Nurse Practitioner
Dietician
Medical Technologist
Physician Assistant (Resulting Board Certification)
Ultrasound Technologist
Family Practice/Primary Care Physician
(must be in residency program)

3. Meet the following scholastic minimums:

- A. For one and two year programs a 2.5 high school grade-point average and
A test score of 21 or better on the ACT or
A test score of 1250 or better on the SAT or
A 2.5 grade-point average for applying college students
- B. For three and four year programs a 3.0 high school grade point average and
a test score of 21 or better on the ACT or
a test score of 1250 or better on the SAT.

NOTE: The above requirements are waived for non-traditional students.

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4. Be in need of financial assistance to meet educational expenses.
5. Accompany this application with 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 two hundred words.
6. Provide an official copy or signed copy of high school transcript and/or college transcript(s) if applicable.
7. 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. Letters must be included as part of your application.
8. Include with the application a stamped, self-addressed, business size (#10) envelope.
9. **ALL MATERIALS MUST BE SUBMITTED UNFOLDED (FLAT) IN A 9X12 ENVELOPE.**
10. 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.

Scholarship winners will be determined in April and will be notified in May. These scholarships are for tuition, room and board, books and lab fees. Upon receipt of a valid invoice, one-half of the award will be mailed in August and the second half in December directly to the recipient's school.

11. **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 MARCH 15, 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.

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APPLICATION FOR
THE FOUNDATION OF MONONGALIA GENERAL HOSPITAL
HEALTH CAREER 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: _____

Are you a previous Mon General scholarship recipient? ___ Yes (Year(s) _____) ___ No

EDUCATION: (Scholastic requirements waived for nontraditional applicants)

HIGH SCHOOL: _____
Year Graduated Name of School City & State

ACT COMPOSITE SCORE: _____ SAT SCORE: _____

G.P.A.: _____ RANK IN CLASS: _____

FOR HIGH SCHOOL SENIORS - NAME AND PHONE NUMBER OF GUIDANCE COUNSELOR:

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/Technical School: _____

PROGRAM OF STUDY: _____ EXPECTED GRADUATION DATE: _____

OTHER SCHOOLING: _____

I AM ELIGIBLE TO APPLY FOR THE PROMISE SCHOLARSHIP _____ YES _____ NO

I HAVE APPLIED FOR THE PROMISE SCHOLARSHIP _____ YES _____ NO

EMPLOYMENT DATA:

HEALTH CAREER EMPLOYMENT AND/OR VOLUNTEER EXPERIENCE:

CURRENT OCCUPATION: _____

DO YOU WORK OR VOLUNTEER FOR MONONGALIA HEALTH SYSTEM?

YES ___ NO ___ If yes, list department(s) and dates: _____

DOES EITHER PARENT WORK OR VOLUNTEER FOR MONONGALIA HEALTH SYSTEM?

YES ___ NO ___ (If yes, list name and department): _____

FAMILY & FINANCIAL STATUS:

CHECK APPROPRIATE LINES AND FILL IN INFORMATION ON APPLICABLE LINE:

_____ Single, dependent _____ Single, independent _____ Married

Your current annual income: _____ If married, spouse's current annual income: _____

If single, dependent, parents' 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.

List all other scholarships, grants, educational or personal loans, tuition waivers or other financial assistance requested (you may provide as an attachment). Please specify type and amounts:

<u>NAME</u>	<u>STATUS</u>		
	Approved	Pending	Rejected
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I agree not to accept more aid from all sources than exceeds my annual tuition, room and board, books, lab fees.

How did you learn about this scholarship opportunity? _____

I (we) 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.

Signature: _____

Date: _____

Parent or legal guardian of applicant if listed as dependent on 2014 Federal Tax Return

Signature: _____

Date: _____

Student

ATTACHMENT I

THE FOUNDATION OF MONONGALIA GENERAL HOSPITAL
HEALTH CAREER SCHOLARSHIP PROGRAM

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 March 15, 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.

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