MONROE COUNTY MEDICAL CENTER COLLEGE SCHOLARSHIP FOR GRADUATING HIGH SCHOOL STUDENTS

Policy:

Monroe County Medical Center will offer graduating high school seniors pursuing higher education three scholarships (as described below), providing the recipients remain a full-time student for 4 consecutive years and maintain a C average.

Scholarships and Eligibility:

- 1. Future Healthcare Professional Scholarships
 - a. <u>\$1500 annually</u> for 4 consecutive years; must be a <u>resident of Monroe County</u> and a <u>student</u> <u>in the Monroe County School System</u> at time of graduation or receipt of GED; must remain a full-time student, maintain a C average and <u>pursue a degree in healthcare</u> for the full 4 years. Failure to continue pursuing a degree in a healthcare career-related field will result in loss of scholarship after the change in major.
 - b. <u>\$1000 annually</u> for 4 consecutive years; available to the <u>child of a Monroe County Medical</u> <u>Center employee</u>; must remain a full-time student, maintain a C average and <u>pursue a degree</u> <u>in healthcare</u> for the full 4 years. Failure to continue pursuing a degree in a healthcare careerrelated field will result in loss of scholarship after the change in major.
- 2. General Scholarship
 - a. <u>\$1000 annually</u> for 4 consecutive years; available to the <u>child of a Monroe County Medical</u> <u>Center employee</u>; must remain a full-time student, maintain a C average; may pursue a <u>degree in any field of study</u>

Application Procedures:

- 1. Students interested in applying are required to complete the attached Application for Scholarship Consideration, including a copy of a transcript to include ACT scores, list of Leadership information (clubs/organizations including offices/positions held, other extracurricular activities and employment) and a typed or written statement (150 words or less) concerning your future plans.
- 2. The Education Committee will review each application. Applicants may be asked to interview with the Committee to aid in the selection process. If there is more than one applicant competing for the scholarship, the Committee will rank order the applicants.
- 3. Selection will be based upon academic performance (one fourth), demonstrated leadership ability (participation in school functions and clubs, participation in civic organizations, etc.) (one fourth), statement of future plans (one fourth), and economic need (one fourth). Economic need will be met by: (1) Evaluation of applicants described need and (2) Discussion during the final selection by the committee.

Tuition Assistance:

- 1. The hospital will provide scholarship assistance to the selected applicants who are enrolled at an accredited state institution providing the recipient remains enrolled (4 years consecutively), attends **full time** classes and maintains a C average.
- 2. After completing the semester, the scholarship recipient must forward a copy of the final semester grades, along with enrollment verification for the next semester.

NOTE: All applications must be submitted, in a sealed manila envelope, to the administrative office of Monroe County Medical Center no later than 4:00 p.m. on Friday, April 4, 2025.

MCMC RESUME FOR SCHOLARSHIP CONSIDERATION

Enclose in a manila envelope addressed to MCMC Education Committee.

Applications may be submitted to the administration office of Monroe County Medical Center no later than <u>4:00 p.m., Friday, April 4, 2025</u>.

MCMC APPLICATION FOR SCHOLARSHIP CONSIDERATION

GPA	ACT	Class Rank	
College You Plan to	Attend:		
Major/Field of Stud	y Pursuing:		
Years Enrolled In:			
Language Arts	Math	Science	Social Studies
How many college ho	ours will you have complete	d at the end of your high so	chool career?
-	ancial aid or scholarships yc		
Father's <u>Taxable In</u>	<u>come</u> 2024 (Box 5 of W-2)		
Father's <u>Taxable In</u> Mother's <u>Taxable Ir</u>	ncome 2024 (Box 5 of W-2)		
Father's <u>Taxable In</u> Mother's <u>Taxable Ir</u> Total Number of fam	ncome 2024 (Box 5 of W-2) ily members living at home:	·	
Father's <u>Taxable In</u> Mother's <u>Taxable Ir</u> Total Number of fam Number of dependent	ncome 2024 (Box 5 of W-2) ily members living at home: ts in your family, including	yourself:	ow many?
Father's <u>Taxable In</u> Mother's <u>Taxable Ir</u> Total Number of fam Number of dependent Do you have any sibl	ncome 2024 (Box 5 of W-2) ily members living at home: ts in your family, including ings attending college?	yourself: YesNo If yes, h	ow many?
Father's <u>Taxable In</u> Mother's <u>Taxable Ir</u> Total Number of fam Number of dependent Do you have any sibl	ncome 2024 (Box 5 of W-2) ily members living at home: ts in your family, including	yourself: YesNo If yes, h	ow many?
Father's <u>Taxable In</u> Mother's <u>Taxable Ir</u> Total Number of fam Number of dependent Do you have any sibl	ncome 2024 (Box 5 of W-2) ily members living at home: ts in your family, including ings attending college?	yourself: YesNo If yes, h	ow many?
Father's <u>Taxable In</u> Mother's <u>Taxable Ir</u> Total Number of fam Number of dependent Do you have any sibl	ncome 2024 (Box 5 of W-2) ily members living at home: ts in your family, including ings attending college?	yourself: YesNo If yes, h	ow many?
Father's <u>Taxable In</u> Mother's <u>Taxable Ir</u> Total Number of fam Number of dependent Do you have any sibl	ncome 2024 (Box 5 of W-2) ily members living at home: ts in your family, including ings attending college?	yourself: YesNo If yes, h	ow many?
Father's <u>Taxable In</u> Mother's <u>Taxable Ir</u> Total Number of fam Number of dependent Do you have any sibl	ncome 2024 (Box 5 of W-2) ily members living at home: ts in your family, including ings attending college?	yourself: YesNo If yes, h	ow many?
Mother's <u>Taxable Ir</u> Total Number of fam Number of dependent Do you have any sibl	ncome 2024 (Box 5 of W-2) ily members living at home: ts in your family, including ings attending college?	yourself: YesNo If yes, h	ow many?

LEADERSHIP INFORMATION

SCHOOL/COMMUNITY CLUBS AND OFFICES			
Club/Organization Name	# of years	List offices or positions	

	VOLUNTEER AND COMMUNITY SERVICE			
Organization Served	Primary Activity or Responsibility	Total Hours of Service	Dates of Service	Contact Person: Supervisor or Coordinator

WORK EXPERIENCE				
Position	Dates	Employer/Supervisor		

HONORS/RECOGNITIONS/AWARDS		
Honor/Recognition/Award Received	Year Received	