

# SULLIVAN COUNTY MEMORIAL HOSPITAL

CRITICAL ACCESS HOSPITAL ❖ MHA MEMBER HOSPITAL

630 WEST 3RD STREET

MILAN, MO 63556

PHONE: 660-265-4212

FAX: 660-265-4898

February 3, 2020

High School Guidance Counselor  
Linn County R-1 School  
15533 Highway KK  
Purdin, MO 64674

Ref.: Amanda Fordyce Scholarship Endowment

Dear Counselor:

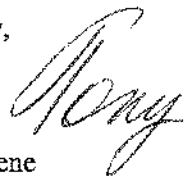
The Amanda Fordyce Scholarship Endowment is offering a \$500 in scholarship this year. Students must be a student at Linn Co R-1, Newtown-Harris R-3, Green City R-1, Grundy Co. R-5 or Milan C-2 and be interested in pursuing a healthcare career. The deadline to accept applications is Friday, April 10, 2020. All interested students should complete and forward a copy of the attached application to:

Fordyce Scholarship Committee  
Sullivan County Memorial Hospital  
630 West 3<sup>rd</sup> Street  
Milan, MO 63556

Seniors pursuing a healthcare career as a registered nurse, licensed practical nurse, registered radiology technician, medical technologist, medical lab technician or physician may qualify for the scholarship. The scholarship funds will be given to the awardee in January 2021, following completion of their first semester as a full-time student and a copy of their transcript to SCMh showing a college GPA of 2.5 or higher. This is a one-time scholarship and is not renewable.

Senior students will be notified of a scholarship award in May 2020.

Sincerely,



Tony Keene  
Chief Executive Officer

**Equal Opportunity / Affirmative Action Employer**  
services provided on a nondiscriminatory basis

# Sullivan County Memorial Hospital

## Amanda Fordyce Scholarship Application



Please return application to the High School Counselor prior to April 10, 2020

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET ADDRESS/ RR/ PO BOX CITY ZIP CODE

PARENT/GUARDIAN NAMES \_\_\_\_\_  
Father Mother Home Phone #

NAME OF HIGH SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ COUNSELOR NAME \_\_\_\_\_  
G.P.A. \_\_\_\_\_ CLASS RANKING \_\_\_\_\_ / \_\_\_\_\_ (# IN CLASS) ACT SCORE \_\_\_\_\_

NUMBER OF BROTHERS/SISTERS \_\_\_\_\_ HOW MANY BROTHERS/SISTERS IN COLLEGE (Secondary Education) \_\_\_\_\_

Please list school activities, honors or awards you have participated in or received: (You may attach additional information.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your participation and involvement in church, community or civic activities:  
*Letters of reference may be attached to application.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT UNIVERSITY, COLLEGE, TECHNICAL OR TRADE SCHOOL DO YOU PLAN TO ATTEND?

NAME OF SCHOOL/COLLEGE OR UNIVERSITY CITY STATE

Technical School \_\_\_\_\_ College or University: \_\_\_\_\_ 1 Year \_\_\_\_\_ 2 Year \_\_\_\_\_ 4 Year \_\_\_\_\_ Other \_\_\_\_\_

Have you received a letter of acceptance from the school listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No

Expected course or field of study? MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

Please your future career plan(s) including academic and occupational goals:

DESCRIBE A BRIEF SUMMARY OF WHY YOU ARE PURSUING A MEDICAL SCIENCE OR HEALTH CARE CAREER.

Have you applied for other Scholarships, Grants or Financial Aid? YES \_\_\_\_ NO \_\_\_\_

IF YES, PLEASE SPECIFY:

Name of Scholarship(s)	\$ AMT of Scholarship	Has Scholarship been granted to you?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach list if necessary

**OPTIONAL QUESTIONS**

Have you or will you apply for a student loan or grant which will require subsequent repayment? YES \_\_\_\_ NO \_\_\_\_

Have you taken a health occupations class or passed a certified nursing aide class? YES \_\_\_\_ NO \_\_\_\_

Are you or your parent(s) employed by Sullivan County Memorial Hospital YES \_\_\_\_ NO \_\_\_\_

Are your parents or an immediate family member employed in healthcare? YES \_\_\_\_ NO \_\_\_\_

After graduation, do you plan on returning to Sullivan County or rural America? YES \_\_\_\_ NO \_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Amanda Fordyce Scholarship Endowment sincerely appreciates your application.  
*ADDITIONAL INFORMATION MAY BE ATTACHED TO THIS APPLICATION*