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

Dear Counselor:

Sullivan County Memorial Hospital (SCMH) is offering up to $1000 in scholarships again this year. Students must reside in Sullivan County 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:

Tony Keene, CEO
Sullivan County Memorial Hospital
630 West 3rd 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 awardees in January 2021, following completion of their first semester as a full-time student and a copy of their transcript to SCMH showing a 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

Sullivan County Memorial Hospital

SCMH High School 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

ARE YOU A RESIDENT OF SULLIVAN COUNTY? _____YES _____NO

PARENT/GUARDIAN NAMES:

_____
Father Mother Phone Number

NAME OF HIGH SCHOOL _____CITY _____
SCHOOL COUNSELORS NAME_____

G.P.A._____ CLASS RANKING _____/_____ (# IN CLASS) ACT SCORE _____

NUMBER OF BROTHER/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 LIST 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 A 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 COLLEGE GRADUATION, DO YOU PLAN ON RETURNING TO SULLIVAN COUNTY OR RURAL AMERICA? YES ___ NO ___

_____ _____

Signature of Applicant Date

Sullivan County Memorial Hospital sincerely appreciates your application.~
ADDITIONAL INFORMATION MAY BE ATTACHED TO THIS APPLICATION