2022
SAUNDERS MEDICAL CENTER FOUNDATION
HEALTH EDUCATION
SCHOLARSHIP APPLICATION

For

Saunders Medical Center Service Area
Students / Residents

Saunders
MEDICAL CENTER
Foundation

SAUNDERS MEDICAL CENTER FOUNDATION
HEALTH EDUCATION SCHOLARSHIP

The Saunders Medical Center Foundation awards the Health Education Scholarship to students who are or will be enrolled in a medical services career field in any accredited College or University Health Care Program leading to certification or diploma in the Medical Field.

To be eligible applicants must . . .

1. Be a resident of the Saunders Medical Center service area
2. Have graduated or be graduating from an accredited High School or have an equivalent GED certificate
3. Present good citizenship and character
4. Be able to demonstrate a commitment to attending a post-secondary school of his/her choice as a full-time student for a period long enough to receive a certificate of completion, diploma or other medical services certificate. The course of study must require at least one (1) year to complete.

To Apply . . .

1. Applicant must complete the Scholarship Application Form and submit a completed application package by the first **Monday in April**.
2. Application package must include:
   a) A student type written essay detailing why he/she is interested in going to the medical field, which medical services the student plans to pursue, and how this might help him/her in the pursuit of his/her lifetime career.
   b) A copy of your high school or college transcript. (most recent)
3. Sign the application form.
4. Completed application must be delivered to Candi Johnston at Saunders Medical Center, 1760 County Road J, Wahoo, Nebraska **before 3:30 p.m. on the first Monday in April.** No applications will be accepted after that time.

The Saunders Medical Center Foundation and the Scholarship Committee shall not in any manner base scholarship recipients upon a person's race, religion, sex or employment status.

Scholarship details . . .

The foundation will name the scholarship winners.
Up to 4 - $1500.00 scholarships will be awarded.
Scholarship funds are proceeds from Foundation events.

The following shall be the manner and timing of the distribution of the scholarship funds:

A) The distribution for each recipient shall be made only upon successful completion of the recipient's enrollment in college. The scholarship ends in one (1) year.

B) Subsequent distributions shall be made in the same way, with the amount of each distribution, including the first, to be the ratio of the value of the scholarship divided by the number of terms in the school year.

C) Should the student not do satisfactory work, as determined by the institution being attended, the scholarship will terminate and remaining funds held in the recipient's account shall revert to the Scholarship Fund assets. A student may file for hardship if forced to withdraw from school due to medical reasons or self or immediate family. If re-enrollment occurs within one (1) year, the scholarship can continue. If the student has not re-enrolled within one (1) year, the scholarship will revert back to the Scholarship Fund.

D) An alternate may be selected to receive the scholarship in the event that the original recipient withdraws from school during the first semester or does not enroll for the following semester.

E) In the event of a tie between applicants the scholarship will be split between the tied candidates.

F) Funds are to be applied toward tuition, books, lab fees, board and room.

G) All scholarship funds shall be distributed in the student's name on the check given to the recipient.

HEALTH EDUCATION SCHOLARSHIP
Saunders Medical Center Foundation

Applicant Information

Name _____
Last First Middle

Address _____
Street/RFD/Box Number City State Zip+4

Phone ( )_____

Educational Information

High School/College: _____ GPA: _____

Admission Status

Have you applied for admission to a medical services school? _____

If yes, please indicate the school: _____

Location of School _____ Program/major planned _____

School or Community Activities

Please list your participation in any School or Community Activities, include any honors you received:

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I hereby certify this application to be true and correct to the best of my knowledge. I authorize the Foundation to release information concerning receipt of any scholarship from the Foundation.

_____ _____
Applicant's Signature Date