

**Margaret Mary Health
Batesville, Indiana**

**2017 Scholarship Program
Details**

- \$3,000 initial award and \$1,000 each year up to 3 years, if the required criteria is met
- Must be a full-time student (minimum of 12 credit hours)
- Application deadline is **March 17, 2017**
- Decisions on recipients will be made and presented, if appropriate, at school senior awards program
- High school graduate or equivalent pursuing healthcare career in fields which reflect the future needs of the hospital
- Late or incomplete applications will be rejected
- Grade point average of at least 3.0 or higher, class rank and national test scores will be considered
- Team members of Margaret Mary Health can't receive tuition reimbursement and scholarship award
- For questions, contact Tracy Wilson at 812-933-5259 or email tracy.wilson@mmhealth.org
- Please send completed applications to:

**Margaret Mary Health
Attn: Human Resources – Tracy Wilson
321 Mitchell Ave
Batesville, IN 47006**

**Margaret Mary Health
Batesville, Indiana**

**SCHOLARSHIP PROGRAM
STUDENT INFORMATION**

The MMH scholarship program is intended for the education of individuals interested in becoming healthcare professionals, such as: Registered Nurses, Technologists, Therapists and other professionals utilized by the hospital. Margaret Mary Health is committed to helping prepare healthcare providers for the future and offers a scholarship program as a recruitment tool and a community service.

1. The selection of and the admission to an accredited school shall be the responsibility of the student. Students already enrolled in a school are eligible for the scholarship program. If the student has not yet been accepted, approval is contingent upon their acceptance into their chosen program by their school.
2. Applications shall be submitted to the Human Resources Department of Margaret Mary Health by **March 17, 2017**. Applications are available at the hospital or at the area high schools Guidance offices.
3. Scholarship applications must include the following in order to be considered:
 - a. Completed application
 - b. Transcript of grades from the most recently attended school
 - c. A letter of acceptance from the school you will be/are attending (if available by March 17)
 - d. Two reference letters as described in #4
4. The applicant is responsible for contacting the two references listed on the application and instructing them to submit letters of reference to the Human Resources Department of Margaret Mary Health by the **March 17th** deadline. The applicant can collect the letters of reference if they desire as long as the letters are in a sealed envelope from the reference and the envelope is unopened at the time of submitting the application to Margaret Mary Health.
5. Scholarship recipients are not guaranteed a position within the organization. Margaret Mary Health will consider the applications of scholarship recipients along with all other applications.
6. The hospital reserves the right to discontinue advances at any time to the Recipient for any of the following reasons:
 - a. Recipient convicted of a felony
 - b. Recipient suspends or discontinues education in the field for which the scholarship was given
 - c. Failure by the Recipient to produce proof of enrollment or satisfactory completion of courses in the school program recognized and approved by the Hospital for which funds were advanced
 - d. Not maintaining a cumulative grade point average of 3.0 or higher
7. Final applicants may be scheduled to interview with the selection committee. All applicants will be notified once the Margaret Mary Health Senior Management Team has made their final selections (approximately mid April 2017).

2017 SCHOLARSHIP APPLICATION

1. The Applicant

Name _____
Last) (First) (Middle) (Maiden)

Social Security Number _____

Mailing Address _____

Telephone Number _____

Have you been accepted to an accredited school? _____

Name of School _____ Enrollment Date _____
(please attach an acceptance letter, if available) (month/year)

Major/Field of study _____ Degree type upon completion _____

Anticipated date of graduation _____
(month/year)

Name(s) of relatives working at MMH _____

Have you worked / volunteered / shadowed at MMH in the past? _____

2. Education

List in chronological order all schools attended in the last five years, including transcript of grades from most recent completed school(s).

Name of School	Location	Dates of attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Scholarship Application

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List any scholastic distinction or honors you have received:

3. Outside Activities

List your extra-curricular activities, community service, and hobbies in which you have been involved during the past three or four years.

4. Work Experience

Position	Employer	Dates	Hours per Week
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5. References

List the names of two people (not relatives), to use as references, such as a teacher, an employer, or a business person. (Letters of reference from these people must be submitted to the hospital by the March 17th deadline.)

Name	Address	Occupation	Telephone Number
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Use this space to explain why you desire to pursue a healthcare career. Explain why you should be selected to receive a MMH scholarship and elaborate on any unique circumstances including financial or personal challenges. You may attach a separate sheet of paper, if necessary.
