

2019 Application

Hospital Associate Scholarship

IMPORTANT: Please review the Hospital Associate Scholarship Directions and Checklist prior to completing your application. No handwritten applications will be accepted.



**Ascension
St. Mary's
Foundation**

800 S. Washington Avenue
Saginaw, MI 48601-2594
Phone: (989) 907-8300

Date:

I am applying for the following scholarship(s):

Name:

Complete Address:

Phone:

Email:

Education/Professional Development/Certification/Training:

Training Institution mailing address for payment:

Student ID #:

Degree/certificate pursuing:

Current GPA _____

Expected completion date:

Gender Male Female

First time applicant Prior award recipient

Year of award

Number of years worked at St. Mary's of Michigan:

Current position:

Department:

Number of hours worked in past 12 months. Check all that apply.

1,000 hours or more

Budgeted position of 30 hours bi-weekly

One copy of the application and additional materials must be electronically submitted to the Foundation office by 3:00 p.m., February 22, 2019.

Late or incomplete submission will not be accepted.

All applicants will receive notice of award status by mid-April 2018.

List other health care positions held, organization and number of service years.

Scholarship Essay

Please use the following space to provide your essay submission in 11 point font.

Essay must not exceed 500 words.



Scholarship Agreement

Application deadlines are final. Incomplete or late applications are not accepted. Any submission lacking any of the required materials will not be considered.

Award payments will be paid directly to your educational/training institution once you submit a copy of your registration statement. Any remaining scholarship funds not used will be reimbursed directly to Ascension St. Mary's Foundation. Scholarship award is valid until June 30, 2020.

Selection of all candidates is based on information contained on the application. The scholarship committee may choose to interview candidates for additional insight on their future plans.

All award recipients will be notified via mail if they receive the award and will need to return a letter of agreement within 10 days, to be eligible to receive the award.

All scholarship recipients agree to the use of their image/photo for promotional purposes by Ascension St. Mary's and Ascension St. Mary's Foundation.

I acknowledge all the facts set forth in my scholarship application are true and complete. I authorize my references to provide information concerning me to the Scholarship Committee.

Further, I release all such persons providing character reference from liability or damages incurred because of furnishing the above information. I understand false statements or omission of relevant information should be considered sufficient cause to reject this application.

If I am awarded the scholarship, I will use it toward tuition for the named academic program, professional development and/or accreditation program. If I leave employment at Ascension St. Mary's for any reason, I will reimburse the full amount received. I also agree to repay the full amount of the scholarship in the event I fail, for any reason, to complete the course or semester in which the scholarship is applied. Payment is due at the time of unsuccessful completion of the program. Proof of completion is required within one month of the end of the semester or course.

By completing this form, you agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

Applicant Signature

Date