

# Scotland County Hospital Scholarship

Memphis, MO

Return to SCH

**Applications Due by: Friday, April 13, 2018**

**(Or give to your Counselor to return to SCH)**

The amount of scholarship to be awarded by the Scotland County Hospital Scholarship Fund for each school year shall be a minimum of one \$500.00 scholarship. The award shall be at the discretion of the Employee Committee of Scotland County Hospital in Memphis.

## Qualifications of Applicants

1. All applicants shall reside in one of the following Missouri counties: Scotland, Schuyler, Knox, Clark
2. All applicants shall be required to make application to the SCH Employee Committee
3. Applicants must be committed to pursuing a health related career
4. Applicants must have successfully completed their junior year in high school and must have made application to attend an accredited college or university
5. Applicants must include answers to questions regarding character, scholastic achievements, community involvement and applications subject to rejection if limit on number of words is exceeded
6. Applicants must enclose their high school transcript
7. Applicants may be interviewed; Prior arrangements will be made
8. Typed applications preferred

In selection of the recipient, the Committee shall be guided by character & desire and commitment in the health related fields. As valuable as scholastic achievement are, the Committee will not base our choice solely on those achievements. In all events, the decision of the Committee will be final.

The school guidance counselor will be notified of the award recipient by mail in May.

Please mail your application to:

Scotland County Hospital  
Employee Committee  
450 E. Sigler Avenue  
Memphis, MO 63555





# Scotland County Hospital Scholarship

Applications Due by: Friday, April 13, 2018

The Scotland County Hospital award considers an applicant's scholarship, by participation in school and civic activities, leadership qualities, citizenship and attitudes.

Applicant's Full Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

College or University applicant wishes to attend  
\_\_\_\_\_

ACT Score \_\_\_\_\_

GPA \_\_\_\_\_

1. Please attach a copy of your high school transcript. Also include a list of your participation in school and community activities. Include position of leadership such as offices, committees, or specific responsibilities.
2. Describe your leadership skills and your role as a positive citizen in your school and community. (500 words or less)
3. Please describe why you are pursuing a career as a health professional. Be as descriptive as possible. (500 words or less)

Note:

Please use additional pages for Questions 1, 2 and 3.  
Applications may be reformatted to meet your needs. This page must accompany any additional pages.