

The Susan G. Molesworth Memorial Scholarship Fund

Name _____

Address _____

Contact Number _____

Date of Employment _____ Employment Status (FT, PT) _____

Field of Study _____ Term Begins _____

Term Ends _____

College/University _____

(Name, City, State)

Courses _____ Est Tuition \$ _____

Credits _____

Title and Number _____

Estimated Cost of Books \$ _____

Total \$ _____

Hours _____

What degree will you be granted upon the successful completion of the above course(s), and when?

Number of hours/courses remaining for successful completion of the program? _____

The above courses will be of value to me in my work (explain)

What can you tell us about yourself, and why should you be considered for the Memorial Auxiliary
Scholarship _____

I confirm that the information contained on this application form is true and correct to the best of my
knowledge.

Signature _____

Date _____

Attachments: Signed letter of recommendation from current manager or director.



The Susan G. Molesworth Memorial Scholarship Fund

(For Auxiliary Board Use Only)

Applicant's Name _____

Field of Study _____

College or University _____

Date of Employment _____

Letter of Recommendation Attached? _____

Score 1-5

Letter of Recommendation

1 = Average Recommendation

6 = Exceptional Recommendation

Statement of Applicant

1 = Average Statement

5 = Exceptional Statement

Employment Status

1 = PT

5 = FT

TOTAL _____

The Susan G. Molesworth Memorial Scholarship Fund Application Packet

The Memorial Auxiliary is pleased to support the Memorial Health System and our community by offering scholarships to employees to enhance their skills in their profession. Applicants for the scholarships must be accepted to an undergraduate or graduate program at an accredited college or university at the time of application.

Applications will be reviewed by the Memorial Auxiliary Board. The deadline to submit applications for the Fall 2024 semester is July 1, 2024 at 12 noon. The deadline to submit applications for the Spring 2025 semester is November 1, 2024. **Applications received after the deadline will not be accepted.**

Please submit your completed application to:

Memorial Auxiliary
Scholarship Selection Committee
P. O. Box 1810
Gulfport MS 39502

If you have any questions regarding the Memorial Auxiliary Scholarship Program, you may contact Ellen Lindsey at (228) 324-3834.

Incomplete applications will be rejected. The decision of the Auxiliary Board concerning scholarships is final.

The Susan G. Molesworth Memorial Scholarship Fund

ELIGIBILITY

1. Applicants must be accepted to a program in a field of study at the time of application (ex: nursing, pharmacy, social work, medical technology, accounting).
2. Scholarships will be available only for courses offered by accredited colleges and universities.
3. Applicants must have at least one year of service since their most recent date of hire.
4. Applicants must submit a signed letter of recommendation from their current manager.
5. Applicants must not be on disciplinary or performance probation at the time of application or beginning of the qualifying semester.

GENERAL

1. Recipients of the Auxiliary Scholarship may apply for reimbursement for the balance of the semester's tuition in accordance with Memorial's tuition reimbursement policy.
2. Recipients who terminate employment during the semester for which the scholarship was awarded will be required to reimburse the Auxiliary for the scholarship amount awarded.
3. Recipients who drop out of school for any reason will notify the Auxiliary immediately and repay the scholarship amount awarded.
4. Courses must be taken outside the employee's work hours,
5. Scholarships will be paid directly to the educational institution.
6. The maximum scholarship awarded will be _____ per semester, per recipient, to assist with the cost of tuition and books.
7. Receipt of a Memorial Auxiliary Scholarship in no way promises employment, transfer or continued employment with Memorial.