The Susan G. Molesworth Memorial Scholarship Fund
Application Packet

Memorial VOLUNTEERS

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. If you are awarded a scholarship, one semester is covered. You must reapply for additional terms.

Applications will be reviewed by the Memorial Auxiliary Board. **The deadline to submit applications is as follows:**

- **Fall Semester: July 1**
- **Spring Semester: November 15**
- **Summer Semester: May 1**

Applications must be received by 12 noon, any 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 **Donna Pearce at (803) 429-6532**.

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

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ELIGIBILITY

1. Applicants must be accepted to a program in a medically related 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.
6. Applicants can apply for the scholarship for every semester of college enrollment.

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 $1,000 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.

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Name_____

Address_____ City_____ State_____ Zip_____

Contact Number_____

Date of Employment_____ Employment Status (FT, PT)_____

Field of Study_____ Term (Spring, Fall, Summer)_____

College/University_____
(Name, City, State, Zip)

Student ID Number_____

Courses (Title and Number)_____

_____

Estimated Tuition $_____

Estimated Cost of Books $_____

Total $_____

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.

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(For Auxiliary Board Use Only)

Memorial VOLUNTEERS

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_____