Capital Region Medical Center
Health Care Scholarship Application

Current College Students or Employees

Deadline: May 14th, 2021

Scholarship recipients are eligible to reapply each year after receiving their initial scholarship. A new application must be submitted for each year you wish to be considered for a scholarship, including transcripts and a letter from school that you are continuing in your chosen healthcare program. The scholarship must be used in the 2021 / 2022 school year. Due to COVID, and the inability to do the Volunteen program, this year in order to qualify for a scholarship, you must be a CRMC employee, OR must have a parent, guardian, or grandparent that is a current CRMC employee or Volunteer.

In order for your application to be considered complete, we must receive the following:

- ☐ Completed application form
- ☐ Complete transcript of your college career or high school (if you have not attended college) with a minimum GPA of 3.2
- ☐ One page essay of your education goals and reasons for pursuing career in healthcare
- ☐ If applicable, a letter from an accredited school stating that you have been accepted into a specific program in a health related field at that school, i.e. Nursing, Physical Therapy, Pharmacy, etc. A letter stating that you have been accepted as a freshman at your college of choice is not acceptable.

General Information

Name: _____ Date: _____

Current Address: _____

City/State/Zip: _____

Phone: (Home/Cell) _____ (Work) _____

E-mail: _____ Date of Birth: _____

Revised 3/31/2021

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Are you a current CRMC employee? ☐ Yes ☐ No

Do you have a parent, guardian, or grandparent that is a current CRMC employee or volunteer?

☐ Yes ☐ No If "Yes", who? _____

Have you been accepted into a healthcare program at an accredited school?

☐ Yes ☐ No ☐ Still Pending

If Yes, please provide proof of acceptance into the program.

Current College: _____

College you plan to attend in the Fall Semester, if different from current college:

_____

Class Rank as of the Fall Semester 2021 (circle one)

Freshman Sophomore Junior Senior Grad/Prof.

Do you plan to attend: ☐ Full Time ☐ Part Time

What degree will you earn as a result of these college courses?

_____

Is the degree relevant to your current job and/or beneficial to CRMC? ☐ Yes ☐ No
Please include an explanation in your essay. Manager/Supervisor's signature below indicates that the program will be beneficial to CRMC.

Manager/Supervisor's Signature: _____

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Financial Information

Estimated cost of tuition per year: _____

Please list sources and amounts of other scholarships and financial aid, and indicate if they are designated (tuition, books, room and board, etc.)

Financial Source	Amount	Designation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Information:

List any school, community, or volunteer activities you are involved in: _____

_____

_____

_____

List any honors, awards, or citations you have received: _____

_____

_____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

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On a separate sheet of paper, submit a one page typewritten essay of your educational goals and reasons for pursuing a career in health care.

Please return completed form to: Scholarship Committee c/o Volunteer Services
Capital Region Medical Center
P.O. Box 1128
Jefferson City, MO 65102

Or email completed form to: PfahlC@crmc.org

****Deadline: May 14th, 2021 at 3:00 pm ****

Failure to meet deadline automatically eliminates your application from consideration.

Winning applicants will be contacted by phone.

By signing below, you verify that all the information is true and accurate to the best of your knowledge, and you give permission to members of the Partners Scholarship Committee to verify any information included on this form. I also grant Capital Region Medical Center permission to use my name and/or likeness in any media that pertains to my receipt of this scholarship. All information is confidential and will be used only by committee members for the purpose of determining applicant's eligibility for scholarship funds.

_____

Applicant Signature

_____

Parent or Guardian Signature (if applicant is under 18)

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