



Saint Francis
HEALTHCARE

2020 Saint Francis Healthcare Scholarship Program
Due Date: July 17, 2020

MAIL TO: Saint Francis Healthcare
System Foundation
211 Saint Francis Drive
Cape Girardeau, MO 63703
TEL: 573-331-5133
FAX: 573-331-5075
EMAIL: agency@sfmc.net

REQUIREMENTS

- Please print clearly or type all the information.
- Submit your completed application with the required documentation by 5 pm on July 17, 2020. Applications received after this deadline will be considered ineligible.

Dear Applicant,

Thank you for choosing to apply to the Saint Francis Healthcare Scholarship Program funded by the Saint Francis Foundation and the Saint Francis Auxiliary for the 2020 fall semester. Saint Francis Foundation offers more than 20 scholarships of up to \$2,000 each annually to students pursuing a healthcare career. Students may receive one scholarship per year for a maximum of two years.

Eligible applicants:

- Students must have successfully completed one year as a student in an accredited healthcare program and be currently enrolled.
- Students must have a minimum cumulative college GPA of 3.0 on a 4.0 scale.
- Students' mailing address as indicated on the application must be within the Saint Francis service area. Please reference the Saint Francis Service Area Map on page four of this application.
- **Students must submit a fully completed application and all required documentation by 5 pm on July 17, 2020. Applications received after this deadline will be considered ineligible.**

Required documentation (to accompany application):

- Most recent official college transcript.
- Letter of verification of current enrollment in a professional curriculum as a student of an accredited healthcare program. Must include accrediting agency in letter.
- Two professional letters of recommendation (one academic, one personal).
- Response to essay question found on application.

Selection:

- A scholarship selection committee will review all applications and score the essay (one-third of total score).
- All applicants will be notified by the end of August 2020 by mail and email if they are selected to receive a scholarship.
- Scholarship recipient checks will be made payable to the college as indicated on the application.

All applicants will be considered regardless of race, creed, color, national origin, religion, ancestry, age, handicap or veteran status.



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STUDENT TYPE: TRADITIONAL NONTRADITIONAL

PERSONAL INFORMATION:

NAME: _____
Last First MI Prefix

MAILING ADDRESS: _____

City State ZIP

HOME PHONE: _____ - _____ - _____ **CELLPHONE:** _____ - _____ - _____

EMAIL ADDRESS: _____

Married Single Divorced

Please list the members of the household that YOU provide support for:

	NAME	AGE	ATTEND SCHOOL?		SUPPORT?
			YES	NO	
1.					
2.					
3.					
4.					
5.					

EDUCATION:

Name of School Dates Attended Major Field of Study Years Completed

High School/GED

College/Technical School

Graduate School (If Applicable)

Current School Attending

Full Time Student Part Time Student

What degree and area of healthcare are you currently pursuing? _____

Have you completed your first year in a professional curriculum of an accredited healthcare program? Yes No Anticipated Graduation Month/Year _____

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SPECIAL ACHIEVEMENTS/HONORS AND RECOGNITION:

EXTRACURRICULAR ACTIVITIES/COMMUNITY INVOLVEMENT:

PROFESSION(S) OR TRADE(S) THAT YOU ARE REGISTERED/LICENSED:

FINANCIAL INFORMATION: Estimate your financial resources for one year.

How are you funding your education? _____

Student income:	\$ _____	Spouse income:	\$ _____
Parental support:	\$ _____	Child support:	\$ _____
Scholarships/grants:	\$ _____	Tuition reimbursement:	\$ _____
Personal savings:	\$ _____	Other support:	\$ _____

Have you previously received a Saint Francis Healthcare Scholarship?

Yes No If yes, when? _____

How did you hear about the Saint Francis Scholarship Program? _____

EMPLOYMENT:

Current Employer: _____

Job title: _____

Number of hours you work per week: _____

List other types of work you have done in the past: _____

ESSAY QUESTION:

Please answer the question below in an essay format. Your answer should be no more than one page, typed, double-spaced and attached to your application. The healthcare scholarship committee will score essays based on how thoroughly you answer the question; whether you use examples to illustrate your points; and whether you use correct grammar, punctuation and sentence structure. Essays are worth one-third of the total application score.

Explain the life experiences that have shaped you into who you are today and how that has steered your education and career path.

ACKNOWLEDGMENT:

I certify that all of the above information contained in this application is complete and accurate. I understand that Saint Francis Healthcare System Foundation has the right to verify this information and that any information found to be false will disqualify this application.

Signature

Date



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