Scholarship Program Application Form

At Memorial Healthcare System, ongoing learning and growth are integral to our success.

Be where you can learn and grow.

Please choose your selected educational program from the drop down below:

Choose an item.

APPLICANT DATA

Legal Name (First, Middle, Last): _____

Street Address: _____

City/State/Postal Code/County: _____

Country: _____

E-mail Address: _____

Primary Phone Number: _____

How did you first hear of the scholarship program? _____

Are you currently employed by Memorial Healthcare System?

- ☐ Yes, I am currently employed by Memorial Healthcare System
- ☐ No, I am not currently employed by Memorial Healthcare System or MHS Staffing Agency
- ☐ I previously worked for Memorial Healthcare System
- ☐ I am currently employed by MHS Staffing Agency

If currently employed by Memorial Healthcare System, provide your employee ID: _____

If yes, have you received a written counseling notice in the last 6 months? ☐ Yes ☐ No

If yes, have you been in your current job for 6 months or more? ☐ Yes ☐ No

If previously employed by Memorial Healthcare System, please answer the two questions below.

What was your work email address? _____

What was your manager's name? _____

Have you received any scholarship funds from Memorial Healthcare System to complete your degree?

☐ Yes ☐ No

If yes, please list program and degree. _____

Have you ever worked, attended school, had any licenses, certifications, or registries under any other name?

☐ Yes ☐ No

If yes, please list additional name(s). _____

Do you have any relatives currently employed by Memorial Healthcare System? ☐ Yes ☐ No

If yes, please list their name(s) and department(s). _____

Upon employment, can you provide proof of your legal right to work in the United States? ☐ Yes ☐ No

Are you at least 18 years old? ☐ Yes ☐ No

Will you now or in the future require sponsorship for an employment authorizing status or visa (such as J-1, H-1B, E-3, TN, L-1, or O-1)? ☐ Yes ☐ No

If yes, how long have you already been on any status or visa stated above? _____

Have you ever served in the U.S. Military? ☐ Yes ☐ No

If yes, list the dates of service, branch and rank:

Date Entered _____

Date Discharged _____

Branch of Service _____

Rank _____

While in the military, were you ever convicted of a court martial (a yes response does not necessarily disqualify an applicant from employment)? ☐ Yes ☐ No

If yes, please explain the nature/type of the offense committed _____

_____

If a job offer is extended and you served in the military, can you provide a copy of your DD214 upon acceptance of an offer? ☐ Yes ☐ No

Do you currently have any pending charges, or have you ever been convicted, pled guilty, or no contest, or received any other legal disposition (including sentencing) for a felony or first-degree misdemeanor? (A yes response does not automatically disqualify you from consideration for employment)? ☐ Yes ☐ No

Please explain the nature/type of the pending charges, conviction, or sentencing _____

_____

_____

_____

_____

*Disclaimer: Scholarship funds may be considered taxable income to recipients, based on applicable IRS regulations.

EMPLOYMENT DATA

Current Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Employment Dates: _____

Job Title: _____ Supervisor: _____

Job Description: _____

Do you currently work here? ☐ Yes ☐ No

Previous Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Employment Dates: _____

Job Title: _____ Supervisor: _____

Job Description: _____

EDUCATIONAL DATA

Please identify the degree or program certificate that you are currently pursuing.

Name of Current School or University: _____

Starting Program Date: _____ Anticipated Graduation Date: _____

Current Grade Point Average: _____

Degree/Program: _____

Why are you applying for this scholarship and what qualities do you possess that will make you a good healthcare professional?

What factors influenced you to choose this profession?

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What are your short-term and long-term goals?

Be sure to include the following when you submit your application to the email below**:

- ☐ Completed Scholarship Program Application Form
- ☐ Two (2) letters of recommendation from recent supervisor and instructors
- ☐ Copy of an updated resume
- ☐ Electronic copy of official transcript

** Incomplete applications will not be considered.

To support my application for the scholarship program, I am authorizing that any of my school records and employment history be verified by appropriate personnel of the Memorial Healthcare System who will retain such information in strict confidence, to the extent permitted by applicable law. I release Memorial Healthcare System, its board members, officers, directors, agents, and employees from any and all claims and liability for damages related to the release of my records to Memorial Healthcare System. All statements made on the application for the scholarship program are true to the best of my knowledge. I understand that any falsification of fact is sufficient grounds for my rejection as an applicant or my termination of the scholarship program.

You may manually sign this application or sign using a Digital ID by clicking or entering the signature field. You'll be prompted to choose an existing Digital ID or you may create a new one by selecting "Configure New Digital ID" and following the prompts.

If selected for a scholarship, recipients must commit to full-time employment with Memorial Healthcare System for a minimum of two years upon graduation from an approved program. The full-time position must be in the area specified by the scholarship. Recipients will also be required to sign a financial agreement outlining the terms of this contractual obligation.

Applicant Signature: _____

Date: _____

Please remit application and accompanying requirements via email to: ScholarshipCoordinator@mhs.net

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