



## CHI MEMORIAL AUXILIARY Scholarship Program Guidelines

**Scholarship Name:** CHI Memorial Auxiliary Scholarship

### **Scholarship:**

1. Scholarship shall be for a minimum of 6 course hours up to one full-time academic semester payable to the school upon acceptance of the applicant by the school.
2. The Auxiliary Board shall determine amount and number of scholarships to be awarded in any one year. The amount of the scholarship award may vary from semester to semester due to the number of qualifying applicants.
3. Scholarship awardee(s) will be notified by June 15 for the first semester and November 15 for the second semester.

### **Eligibility:**

Scholarship is open to all regardless of race, color, national origin, age, sex, or religion who meet the following criteria:

- Applicant must be a CHI Memorial current or past employee or a current or past CHI Memorial volunteer, and must agree to give CHI Memorial first option for employment upon completion of training.
- Applicant must be enrolled for a minimum of 6 course hours per academic semester.
- Applicant must be working, or plan to work, toward **certification, licensing, registration, or an undergraduate degree** in a specialized program in a healthcare related field at an accredited institution. Post graduate courses are not eligible for consideration.
- Applicant must maintain a GPA of 3.0 or greater. At the discretion of the Scholarship Committee and the Auxiliary Board, a lower GPA may be acceptable after detailed review. **Please note that first consideration will go to current award recipients and applicants with a 3.0 GPA or better.**
- Preference may be given to an individual who can show evidence of financial need.
- Preference may be given to a student who had a Memorial Auxiliary scholarship the previous semester.

### **Application:**

1. An individual may apply for both first and second semesters. Deadline for submitting application for first semester is March 30, for second semester, September 30.
2. Applicant will be required to submit to the following to the CHI Memorial Auxiliary Scholarship Committee:
  - a) A completed application form
  - b) Three letters of recommendation
  - c) A letter containing the following information:
    - 1) Current position at hospital
    - 2) Proposed area of study, and reason for selecting this area
    - 3) Name and location of institution for proposed study
    - 4) Explain financial need if applicable
    - 5) Documentation of scholastic ability
    - 6) Reason the Auxiliary should grant you a scholarship
    - 7) IRS W9 Form completed by applicant's college Accounting Department

### **Selection:**

Selection will be made by the Auxiliary Board based on the recommendation of the Scholarship Committee following a review of the application papers and an interview with the applicant.

**Return Paperwork to:** CHI Memorial Volunteer Services, 2525 de Sales Avenue, Chattanooga, TN 37404



CHI MEMORIAL AUXILIARY
Scholarship Program Application

The following data is requested in order to determine your eligibility for a scholarship award. Those eligible include individuals who are either a CHI Memorial current or past employee or a CHI Memorial current or past volunteer who plan to enroll a minimum of 6 course hours per academic semester. Please provide the requested information as listed below. Use additional paper if necessary. In addition, please provide three letters of recommendation. Your application should be returned to CHI Memorial Auxiliary Scholarship Committee by March 30 for first semester and September 30 for second semester.

Date of Application: \_\_\_\_\_

Last Name First Name Middle Maiden

Current Address City State Zip

Phone Number Phone for Message E-mail Address

Current and/or Past Position at Memorial Health Care System: \_\_\_\_\_

Current and/or Past Volunteer Position at Memorial Health Care System: \_\_\_\_\_

Please complete the following.

- 1. Indicate the proposed area of study and the reason for selecting this area.
2. List name and location of institution for proposed study. Indicate either full time or part time. Please attach an official transcript from the institution you are attending.
3. If you are currently receiving educational assistance (loans or scholarships) please state what kind and how much.
4. Indicate your future plans upon completion of program.
5. Please tell us why the Auxiliary should grant you a scholarship.
6. Please tell us on a separate sheet of paper why the Auxiliary should award you a scholarship and explain if there is a financial need.
7. Attach completed IRS W9 Form for your college/university to application.

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