



# Medina Hospital Community Scholarship Program and the Bill & Ruth Kelly Scholarship Program

## **The Program**

The program consists of the Medina Hospital Community Scholarship Program and the Bill & Ruth Kelly Scholarship Program. This application is for both scholarships, but recipients may receive only one (1) Medina Hospital Scholarship awarded at a time.

The sponsor is Medina Hospital Foundation.

## **Eligibilities**

- Applicants under consideration for the Medina Hospital Community Scholarship must be current seniors in one of seven Medina County high schools including Black River, Brunswick, Buckeye, Cloverleaf, Highland, Medina or Wadsworth High Schools.
- Applicants under consideration for the Bill & Ruth Kelly Scholarship must be high school seniors at or graduates of one of the seven selected Medina County schools including Black River, Brunswick, Buckeye, Cloverleaf, Highland, Medina or Wadsworth high schools
- Applicants must plan to enroll in a full-time undergraduate course of study at an accredited two- or four-year college, university, or vocational-technical school in Fall 2017.
- Applicants must pursue a degree in nursing or an allied health curriculum.

## **Awards**

The program will utilize standard Scholarship America recipient selection procedures including the consideration of past academic performance and future potential, leadership and participation in school and community activities, work experience, statement of career and educational aspirations and goals, unusual personal or family circumstances, and an outside appraisal.

Financial need will not be considered.

The authorized distribution for new awards is \$16,000. Up to fourteen awards of \$1,000 each will be granted. Up to two awards will be granted to students of each high school if qualified applications are received. In addition, two (2) Bill & Ruth Kelly Scholarships of \$1,000 each will be granted.

Recipients may receive only one (1) Medina Hospital Scholarship award at a time.

Awards are not renewable. Awards are for undergraduate study only.



**Medina Hospital  
Foundation**

# MEDINA HOSPITAL SCHOLARSHIP PROGRAM BILL & RUTH KELLY SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

**Application postmark deadline March 16**

FOR  
SCHOLARSHIP  
AMERICA  
USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

**APPLICANT  
DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Email Address \_\_\_\_\_

Please indicate your status. (For statistical purposes only) ☐ Male ☐ Female  
☐ American Indian/Alaska Native ☐ Black/African American ☐ Multi-Racial ☐ White  
☐ Asian ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander

**PARENT  
OR  
GUARDIAN  
INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Day Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

**HIGH  
SCHOOL  
DATA**

Name of High School: ☐ Black River ☐ Brunswick ☐ Medina ☐ Wadsworth  
☐ Buckeye ☐ Cloverleaf ☐ Highland  
 High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**POST-  
SECONDARY  
SCHOOL  
DATA**

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)  
**Use official school names. Do not use abbreviations.**

\_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

☐ 4 yr. College or University ☐ 2 yr. Community or Junior College  
☐ Vocational-Technical School ☐ Other, explain \_\_\_\_\_

Year in school **next** year: 1 2 3 4 5 ☐ Other, explain \_\_\_\_\_

Major or course of study: \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought: ☐ Bachelor ☐ Associate ☐ Certificate ☐ Other \_\_\_\_\_

Sending a résumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK  
EXPERIENCE**

Describe your work experience during the **past four years**. Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**ACTIVITIES,  
AWARDS AND  
HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS  
AND  
ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL  
CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester of postsecondary education must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT			ACT				
	Weighted: _____ /4.0 scale		Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____ /4.0 scale									

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- ☐ Student Application with completed Applicant Appraisal
- ☐ Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

**Medina Hospital Scholarship Program**  
**Bill & Ruth Kelly Scholarship Program**  
 Scholarship America  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline March 16**

**CERTIFICATION**

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_