



**Medina Hospital**  
a Cleveland Clinic hospital

# Jean Myers Gift Gallery Scholarship Program

*for Medina Hospital Student Volunteers & Dependents of Medina Hospital Employees*

## The Program

The program is the Jean Myers Gift Gallery Scholarship Program.

The sponsor is Medina Hospital Foundation.

## Eligibilities

Applicants must be dependent\* children, age 25 and under, of full-time or part-time Medina Hospital employees who have a minimum of one year of employment with the hospital as of the application date, March 16, 2018.

Dependent\* children are defined as natural and/or legally adopted children, grandchildren or stepchildren living in the employee's household or primarily supported by the employee.

OR

Volunteers who have completed at least 40 hours of service within the past 12 months at Medina Hospital and are in good standing with the volunteer program.

Applicants must be high school seniors or graduates who plan to enroll or are students who are already enrolled in a full-time undergraduate course of study at an accredited two- or four-year college, university, or vocational-technical school.

## 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 \$7,000. Up to seven awards of \$1000 each will be granted. Provided there are qualified applications, at least four of the scholarships will be granted to applicants who have volunteered at Medina Hospital in the last 12 months, completed at least 40 hours of volunteer service and are in good standing. Recipients of these four scholarships do not have to be children of employees.

Awards are not renewable; however, students may reapply to the program each year they meet the eligibility requirements. PER IRS Rev. Proc. 76-47, the employment eligibility requirement does not apply to previous recipients.

Jean Myers Gift Gallery recipients may receive an award a maximum of two (2) times.

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

Awards are for undergraduate study only.



# Medina Hospital Foundation

## JEAN MYERS GIFT GALLERY 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 \_\_\_\_\_

Have you volunteered at Medina Hospital in the last 12 months and completed 40 hours of volunteer service? ☐ Yes ☐ No

### EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Employee ID Number \_\_\_\_\_ Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Email Address \_\_\_\_\_  
 Department \_\_\_\_\_ Job Title \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ The applicant is a dependent of the employee ☐ Yes ☐ No

### HIGH SCHOOL DATA

School Name \_\_\_\_\_ 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 or Graduate Study

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

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



Sending a resumé 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** (e.g., food server, babysitting, lawn mowing, office work). 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. **Indicate whether high school or college activities.**

| Activity | No. of Years Particip. | Special Awards, Honors | Offices Held | Activity | No. of Years Particip. | 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 or college 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 school's grading scale must also be submitted.)**

|  |                                |  |                  |      |         |         |      |         |         |           |
|--|--------------------------------|--|------------------|------|---------|---------|------|---------|---------|-----------|
| Applicant ranks _____<br>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:

**Jean Myers Gift Gallery 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 \_\_\_\_\_  
 Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_