AUXILIARY TO THE MOUND CITY MEDICAL FORUM
SCHOLARSHIP PROGRAM

Are you currently a nursing student? Are you interested in scholarship opportunities that can help you meet the costs associated with your education program?

Auxiliary to the Mound City Medical Forum is offering academically qualified minority students attending nursing school an opportunity to receive need-based financial assistance toward the costs of their education program.

1. All applicants must be current nursing student.

2. All applicants must submit a complete application and support material, including:
   
   a. Submit a current transcript and photo I.D.
   b. Minimum GPA 2.8 and should be currently pursing full-time undergraduate studies in nursing.
   c. Provide two (2) faculty recommendations.
   d. Two page essays. (see documentation checklist)
   e. Complete an interview with the Scholarship Committee.

All entries must be received by October 30th.

Sincerely,

Mary H. Thomas

Mary H. Thomas, President
maryharperthomas@gmail.com

Building today for a better world Tomorrow
AUXILIARY TO THE MOUND CITY MEDICAL FORUM
Application for Scholarship Award

Personal Data

Name:

<table>
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<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Address:

<table>
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<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Telephone:

<table>
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<tr>
<th>Home</th>
<th>Cell</th>
<th>E-mail</th>
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Sex: _____  Martial Status: S  M  D

High School ___________ Graduated ___________ Other ___________

College Credit Hours Completed: Sophomore _____ Junior _____ Senior _____

I will receive a ___________ Degree in Nursing (Month/Year) ___________

Financial Plans
How do you plan to finance the remainder of your education in the event that you do not receive this scholarship?  _______________________________________________________________

_____________________________________________________________________

Grade Point Average
What is your G.P.A.? _____  (Please attach a copy of your transcript with the application.)

In your own words, state what you consider your highest achievement. (Include academic and non-academic recognitions.)  _______________________________________________________________

_____________________________________________________________________

Page 2 of 8
Extracurricular Activities
Please list any extracurricular activities in which you are, or have been participating in. List the most important one first and the least. Include any office you may have held.
(Community Services) ____________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

What do you see yourself doing in five years? Please include if you will be living in Missouri or not.
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

How would this scholarship award affect your plans?
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

I certify that the above information is factual and complete.

Signature: ___________________________ Date: _____________________

Revised 09/2011/MHT
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AUXILIARY TO THE MOUND CITY MEDICAL FORUM
Scholarship Recommendation Form

Applicant’s Name: ________________________________

Please Rate the applicant from 1 to 10, with 10 being the highest and 1 being the lowest, with potential to do graduate studies. _________

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<tr>
<th>Please rate applicant’s</th>
<th>Superior</th>
<th>Average</th>
<th>Below Average</th>
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<tr>
<td>Motivation</td>
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</table>

From your knowledge, how would you assess the applicant’s potential for a nursing career? ________________________________

________________________________________________________________________

Does the applicant possess additional strengths that the committee should be aware of?

Recommendation for the scholarship award (Please check one.):

_____ Strongly Recommend

_____ Recommend

_____ Do Not Recommend

Signature: ________________________________

Position: ________________________________

Date: ________________________________
AUXILIARY TO THE MOUND CITY MEDICAL FORUM  
Scholarship Recommendation Form

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________________________________________

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