

## **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 pursuing 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 30<sup>th</sup>.

Sincerely,

**Mary H. Thomas**

Mary H. Thomas, President  
maryharperthomas@gmail.com

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**AUXILIARY TO THE MOUND CITY MEDICAL FORUM**  
**Application for Scholarship Award**

**Personal Data**

**Name:**

\_\_\_\_\_

Last	First	Middle	Date of Birth
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**Address:**

\_\_\_\_\_

Number and Street	City	State	Zip
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**Telephone:**

\_\_\_\_\_

Home	Cell	E-mail
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**Sex:** \_\_\_\_\_ **Marital 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.) \_\_\_\_\_

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**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) \_\_\_\_\_

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

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

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**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. \_\_\_\_\_

Please rate applicant's

the following:

	Superior	Average	Below Average
<b>Writing</b>			
<b>Oral Communication</b>			
<b>Maturity</b>			
<b>Motivation</b>			

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: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_ Recommend

\_\_\_\_\_ Do Not Recommend

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

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