March 7, 2019

TO: HIGH SCHOOL GUIDANCE COUNSELORS IN THE FIVE-COUNTY AREA

Dear Counselor:

We are pleased to announce that the Board of Directors of Cameron Regional Medical Center (CRMC) has appropriated funds again this year for our scholarship program in the five counties of Caldwell, Clinton, Daviess, DeKalb, and Harrison. Attached you will find application forms to be used for this purpose; please feel free to duplicate, if necessary. PLEASE NOTE: YOU MUST USE THIS YEAR’S APPLICATION – not a previous form. The application form is also available at cameronregional.org/scholarships; however, electronic submission of the completed application will not be accepted.

Candidates must be graduating seniors entering a health care field of study on a full-time basis in the fall of 2019. Eligibility will be based upon residency, with one $1,000 scholarship available to a student in each of the five counties (Caldwell, Clinton, Daviess, DeKalb, and Harrison), plus one $1,000 scholarship available to a CRMC employee’s child. In the event of a tie, awards may be split between two or more students within a county and between two or more employees’ children. Applicants should clearly denote if either of their parents is an employee of CRMC. Applications must be postmarked by Monday, April 8, 2019, or hand-delivered to CRMC no later than 3:30 p.m. on Monday, April 8, 2019.

Final selection of recipients will be based on the following criteria: A minimum ACT score of 20, high school GPA, goals, school/community involvement, earning/saving efforts, and need. Awards will be subject to the existence of qualified candidates, and payments will be made directly to the involved educational institution upon receipt of the student’s proof of enrollment.

These scholarships are RENEWABLE for an additional three years, provided the following criteria are met:
1) A cumulative GPA of 3.0 or better must be maintained;
2) The applicant must remain enrolled in an acceptable health care field of study; and
3) The applicant must take responsibility for initiating the renewal process by providing us with proof of No. 1 and No. 2 on or before August 1 of each of the three subsequent years of his/her continuing studies.

In order to keep the administration of this program as clear-cut and straightforward as possible, there will be no exceptions to any of the above guidelines, criteria, and/or deadlines. If there should be questions regarding this offering, please contact Carol Arthur at (816) 649-3226. Thank you for your role in promoting this opportunity!

Sincerely,

[Signature]

Joseph F. Abrutz, Jr.
Administrator

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Only typed applications will be considered. No duplexed or double-sided applications. Please answer all questions completely. This application must be postmarked to CRMC no later than Monday, April 8, 2019, or HAND-DELIVERED TO CRMC NO LATER THAN 3:30 p.m. on Monday, April 8, 2019. Late applications will not be considered. Minimum ACT score of 20 required. If completed on the Internet, form must not be altered, distorted or lengthened. See Page 3.

NAME ________________________________  TELEPHONE ________________________________
First       Middle       Last
E-mail Address ________________________________

ADDRESS ____________________________________________
Street       City       State       Zip Code

COUNTY OF RESIDENCE ___________  HIGH SCHOOL ___________  DATE OF BIRTH ___________

FATHER'S NAME ________________________________  OCCUPATION ________________________________

MOTHER'S NAME ________________________________  OCCUPATION ________________________________

LIST SIBLINGS, AGES, & WHETHER THEY ARE IN COLLEGE ________________________________

In the space below, briefly summarize your school, church, and community activities. List organizations in which you are active and any offices held.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please list any special honors received, including those from academics, extra-curricular activities, and athletics.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

SCHOOL YOU PLAN TO ATTEND ________________________________
Name

Address       City       State       Zip Code

CAREER PLANS ________________________________

DATE YOU PLAN TO ENTER COLLEGE ________________________________

TYPE OF HOUSING: _______COMMUTE _______LIVE WITH RELATIVES/FRIENDS _______DORMITORY

________ FRATERNITY/SORORITY _______LIVE OFF CAMPUS
PLEASE LIST BELOW THE EXPENSES YOU ANTICIPATE AND THE RESOURCES YOU HAVE FOR MEETING THESE EXPENSES. COSTS SHOULD BE FOR THE SCHOOL YEAR, AUGUST THRU MAY.

Tuition, Fees __________________________ Personal Savings __________________________

Room, Board __________________________ Summer Employment __________________________

Other Fees __________________________ Estimated Contribution from Parents __________________________
(Lab, music, etc.)

Books/Supplies __________________________ Loans __________________________

Personal __________________________ Benefits __________________________
(Clothing, recreation, medical, etc.) (Veterans, Social Security, etc.)

Transportation __________________________ Scholarships __________________________
(Round trips/Commute miles)

Other expenses __________________________ Other resources __________________________

TOTAL $ __________________________ TOTAL $ __________________________

What advanced math and science classes have you taken in high school? __________________________

____________________________________

Why are you choosing the medical field as a career? __________________________

____________________________________

____________________________________

Indicate what you have done in planning ahead to help meet your anticipated college expenses. How have you earned or saved money, and what will be your plans for the coming summer? __________________________

____________________________________

____________________________________

____________________________________

The applicant, by signature below, certifies the information herein contained to be both true and accurate to the best of his/her knowledge. The applicant also herewith consents that the Scholarship Committee of CRMC may be fully informed as to the applicant's scholastic standing, character, and other factors having a bearing on this application.

____________________________________

APPLICANT'S SIGNATURE

2019
ACADEMIC INFORMATION
(to be completed by Counselor/Principal)

Class Rank __________/__________ Seniors  GPA __________ on a 4.0 Scale

ACT Test Results:

Raw Score: ENG _______ MATH _______ READING _______ SCIENCE _______ COMP _______

Percentile: __________ __________ __________ __________ __________

__________________________
Date Completed

__________________________
Signature of Counselor/Principal

__________________________
Telephone No.

PLEASE READ ALL INSTRUCTIONS CAREFULLY. STUDENT MUST RESIDE IN CALDWELL, CLINTON, DAVIESS, DEKALB, OR HARRISON COUNTY IN ORDER TO BE ELIGIBLE. THIS APPLICATION MUST BE POSTMARKED TO CRMC NO LATER THAN MONDAY, APRIL 8, 2019, OR HAND-DELIVERED TO CRMC NO LATER THAN 3:30 P.M. ON MONDAY, APRIL 8, 2019.

This application is available at cameronregional.org/scholarships; however, no electronic submission of the completed application will be accepted. The completed application must be mailed via USPS or delivered in person as outlined above.