



schneck foundation

sharing means caring

411 West Tipton Street
Seymour, Indiana 47274
www.schneckmed.org

812.524.4244
Fax 812.524.3346

Dear Scholarship Applicant:

Applications for Schneck Foundation Allied Health Scholarships are now being accepted. Please carefully review this *informational letter* and the *Scholarship Requirements/Guidelines* to assist you in completing your **Application Packet**.

To be eligible for consideration, at time of submission, your **Application Packet** must be complete and include the following items. (*No binders, folders, stapled, two-sided, late, or incomplete application packets will be accepted.*)

- Completed two-page Application (*Do not print two-sided*)
- Official Transcript of most recent grades
- Proof of Acceptance to school you plan to attend
- Two signed Letters of Recommendation
- Typed, **one-page** Autobiographical Letter summarizing your objectives for further education, need for assistance, and your desire to pursue a career in healthcare.

Please follow directions accurately to avoid disqualification.

Application Packet must be received in its entirety by March 15th. Late or incomplete **Application Packets** will not be accepted. Submit packets to:

Cora Laymon
Schneck Foundation
411 West Tipton Street
Seymour, IN 47274

The applicant has an obligation to notify the Foundation of any changes in employment, additional grants, scholarships, or loans that will be available to defer expenses of the upcoming school year which occur after the **Application Packet** has been submitted.

Information in your **Application Packet** may be shared with the Schneck Medical Center Human Resources Department.

After the Scholarship Committee has completed their review, you will be notified accordingly by letter.

If you have any questions, please feel free to contact Cora Laymon at (812) 524-4245 or claymon@schneckmed.org.

(This application is NOT for medical school or nursing school students)

SCHNECK FOUNDATION
ALLIED HEALTH SCHOLARSHIP REQUIREMENTS/GUIDELINES

(This application is not for medical school or nursing school students)

POLICY: To encourage candidates who are interested in pursuing a course of study to qualify them to work in a technical/professional career in a hospital by providing financial assistance.

GUIDELINES:

1. Primary consideration will be given to Jackson, Jennings, Scott, and Washington County residents. Residents of other counties may be considered based on available funds and at the discretion of the Scholarship Committee.
2. Careers in the following allied health/clinical support areas will be considered:
 - Radiologic Technologist*
 - Respiratory Therapist (Registered)*
 - Respiratory Technician (Certified)*
 - Physical Therapist*
 - Physical Therapy Assistant*
 - Occupational Therapist*
 - Occupational Therapy Assistant*
 - Laboratory Technologist*
 - Certified Surgical Technologist*
 - Pharmacist*
 - Nuclear Medicine Technologist*
 - CT Technologist*
 - Physician's Assistant*
 - Other careers may be approved by Scholarship Committee.*
3. To be considered for an award, candidate must submit completed application no later than March 15th of the current application year.
(Applications are available on-line at www.schneckfoundation.org, www.schneckmed.org, at the Schneck Foundation/Development Office, and through your local High School Counselor.)
4. Candidate must submit proof of acceptance to school they plan to attend and provide their most recent transcript of grades.
5. Candidate must be enrolled in an allied healthcare program to be eligible for an award.
6. The Foundation Scholarship Committee includes four members of the Schneck Foundation Board, the Schneck Hospital Administrator (or his representative), and the Schneck Vice President of Human Resources.
7. **Scholarship award must be used for tuition only, not books, travel, housing, etc.**

To avoid disqualification . . . Please follow directions listed in informational letter.

EXTRACURRICULAR ACTIVITIES

Please list organizations, clubs, and athletics you have been involved with, including years of involvement and leadership positions held:

Honors and awards you have received:

Community Activities:

EMPLOYMENT HISTORY (PAST AND PRESENT)

| Job Title/Description | Hours Worked/Wk | Period of Employment |
|-----------------------|-----------------|----------------------|
| _____ | _____ | _____ to _____ |
| _____ | _____ | _____ to _____ |
| _____ | _____ | _____ to _____ |

- I am a current Schneck employee. If yes, Department: _____
- I am a current Schneck employee tuition assistance participant.
- I have been a Schneck Junior Volunteer. If yes, year(s): _____
- I am a graduating high school senior.
- I have previously worked at Schneck Medical Center. If yes, please give specifics:

FINANCIAL RESOURCES

Estimated annual cost of attending school: \$ _____

Estimated parent contribution: \$ _____

Estimated student contribution: \$ _____

List of current scholarships, grants, and funds:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Existing educational loan balances: \$ _____

_____ \$ _____

Other financial considerations: _____

I certify that the information on this application is true and accurate to the best of my knowledge. I understand that information contained in this application and its supporting documents becomes property of Schneck Medical Center.

(Applicant's Signature)

(Date)