Mena Regional Auxiliary Scholarship

Mena Regional Health System Auxiliary will award a spring semester scholarship(s) in the amount of \$1000 to a student(s) enrolled in a program for a Registered Nurse degree, Licensed Practical Nurse degree, Bachelor of Science in Nursing degree, or ANY OTHER medical field and who has maintained a 3.0 grade point average or above.

You may pick up an application at MRHS Gift Shop or in the MRHS Administration Office.

The completed application along with other required documents (noted on application) must be turned in by March 1st, 2017 to the Gift Shop or Administration Office.







MENA REGIONAL AUXILIARY, INC. SCHOLARSHIP APPLICATION

The Mena Regional Auxiliary, Inc. is pleased to offer \$1,000 scholarship(s) each Fall and Spring to student(s) who are pursuing a degree for a Registered Nurse (RN) degree; a Licensed Practical Nurse (LPN) degree; a Bachelor of Science in Nursing (BSN) degree; or in another medical-related field; and who has maintained a 3.0 grade point average or above.

Applicants may attend the college, university, or technical school (2-4 year institution) of their choice.

Along with this completed application, the following required materials should be included:

- 1. A certified copy of your most current transcript, confirming a 3.0 grade point.
- 2. A copy of your ACT or SAT scores or an equivalent score.
- 3. One letter of recommendation from a medical professional or an academic professional and one other Reference (listed on Application).
- 4. A copy of an acceptance into the <u>medical field program</u> or proof of current enrollment which could be a copy of your current class schedule.

If selected as a finalist for this scholarship, you may be requested to meet for an interview with members of the selection committee. If chosen as the recipient, the applicant may expect the check to be presented to them along with a photo taken for the newspaper.

The completed application and attachments must be clearly marked to show the applicant's name, address, and telephone numbers. Applicant is advised to complete every section of the application. If a section is not applicable to you, please fill the blank with "NA". Please make sure the application is signed and dated.

Please mail your completed application with attachments to the following address:

SCHOLARSHIP MENA REGIONAL AUXILIARY, INC. 311 N. MORROW STREET MENA, AR 71953

Or you may leave it in MRHS Administration or the Mena Regional Gift Shop.

MENA REGIONAL AUXILIARY, INC. SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

NAME					
Last ADDRESS			Middle		
Street, Route,	Вох	City		State	Zip Code
Date of birth	Social Security Number		-		-
Email address					
	arents provide support):	Mo	other		
Occupation and Emp	ployer of head of household	d:			
Occupation and Em	ployer of other household n	nembei	·(s):		
Number and ages o	f children living in the house	ehold:_			
	annual income: \$30,001—\$49,000 Over \$90,000		.000—\$69,000		
	orking? Yes No nt:			Week	
	s Attended: ASH Clinical Inter			Volunte	ens
One Reference - Otl	her than Letter of Recomme	endatio	n: Name, Phon	e Number,	Relationship

Name your specific area of study in the Health Profession	
Name and address of the school you are attending:	
Personal Essay: In your own words, tell us why you want to attemthy you think furthering your education is important. Also, exp	
	-
d.	
After graduation, are you willing to spend at least one year in the System, provided a person with your qualifications is needed are ready to work?	nd a staff vacancy exists at the time you
Applicant's Signature	Date