

# *Mena Regional Auxiliary Scholarship*

Mena Regional 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 February 12, 2018 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 medical field program 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.

**THE APPLICATION IS DUE ON MONDAY FEBRUARY 12, 2018.**

**MENA REGIONAL AUXILIARY, INC.**  
**SCHOLARSHIP APPLICATION**  
**APPLICANT INFORMATION**

NAME

\_\_\_\_\_

Last	First	Middle
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ADDRESS

\_\_\_\_\_

Street, Route, Box	City	State	Zip Code
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\_\_\_\_\_

Date of birth	Social Security Number	Telephone	Alternate phone #
		Single _____ Married _____	Divorced _____

Email address \_\_\_\_\_

Parents' names (if parents provide support):

Father \_\_\_\_\_ Mother \_\_\_\_\_

Occupation and Employer of head of household: \_\_\_\_\_

Occupation and Employer of other household member(s): \_\_\_\_\_

Number and ages of children living in the household: \_\_\_\_\_

Household range of annual income:

Under \$30,000 \_\_\_\_\_ \$30,001—\$49,000 \_\_\_\_\_ \$50,000—\$69,000 \_\_\_\_\_  
\$70,000-\$89,000 \_\_\_\_\_ Over \$90,000 \_\_\_\_\_

Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Hours/Week \_\_\_\_\_

Place of employment: \_\_\_\_\_

Job Description: \_\_\_\_\_

Sponsored Programs Attended:

SNAP \_\_\_\_\_ MASH \_\_\_\_\_ Clinical Internship Program \_\_\_\_\_ Volunteens \_\_\_\_\_  
Other \_\_\_\_\_

One Reference - Other than Letter of Recommendation: Name, Phone 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 attend a health professions program and why you think furthering your education is important. Also, express your need for financial assistance.

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After graduation, are you willing to spend at least one year in the employment of Mena Regional Health System, provided a person with your qualifications is needed and a staff vacancy exists at the time you are ready to work? \_\_\_\_\_

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date