

**NORTH ARKANSAS REGIONAL MEDICAL CENTER
AUXILIARY SCHOLARSHIP APPLICATION**

Recognizing the need to attract capable persons into the medical fields, and desiring to provide assistance to those who need financial help, the North Arkansas Regional Medical Center Auxiliary has an established scholarship fund for which you may be eligible to apply.

Scholarships are awarded each year to students pursuing certification in Allied Health programs at North Arkansas College (NAC). Applications will be received from students accepted to and enrolled in the following medical programs:

- Radiological Technologist (X-Ray)
- Laboratory Technologist (Lab)
- Bridge (from PN to RN)
- Practical Nurse (PN)
- Registered Nurse (RN)
- Paramedic
- Emergency Medical Technician (EMT)
- Surgery Technologist (Scrub Tech)

The **Diamond Scholarship**, in honor of Gail Diamond, a former nurse at NARMC and president of the Auxiliary in 2005-2007, may be awarded to an outstanding individual enrolled in the **Bridge Program**.

ELIGIBILITY:

- The applicant must be a resident of Arkansas. (Copy of Drivers License)
- The applicant must show proof of acceptance into a qualified program of study. The proof may be the transcript from the school or the acceptance letter from the school.
- The applicant must have completed one semester of an approved program at NAC, and must have maintained a 2.5 GPA (scale of 4).
- The applicant must show need for financial assistance (statement of income and expense).

FALL SEMESTER Completed applications must be received **before August 1st**. Scholarships will be awarded in September.

SPRING SEMESTER Completed applications must be received **before December 31st**. Scholarships will be awarded in February.

The scholarship may be applied to tuition, books, or other school-related expenses or fees. The scholarship at NAC may be extended to additional semesters UPON RE-APPLICATION. The scholarship may be revoked if the recipient does not meet the requirements stated above, or in any way damages or maligns the program or ideals of the North Arkansas Regional Medical Center Auxiliary. Eligibility standards and judging will be as follows:

ACHIEVEMENT: (20 points maximum) Cumulative Grade Point Average (GPA) from most recent college work. *Sign the transcript request form and return it with your application. The scholarship Committee will request an official transcript from the Registrar.*

20 points.....	4.0 GPA
18 points.....	3.5-3.99 GPA
16 points.....	3.0-3.49 GPA
14 points.....	2.5-2.99 GPA
0 points.....	below 2.5 GPA

PERSONAL/PROFESSIONAL RECOMMENDATIONS: (12 points maximum).

- Two personal letters of recommendation must be included with your application. (no family references will be accepted)
- Two professional letters of recommendation must be included with your application. (Include employment references if applicable)
- One college instructor may be used.
- Recommendations must be type written on letterhead.
- All recommendations must include name and contact information of person writing recommendation.
- Each positive reference will earn three points.

EDUCATIONAL OBJECTIVE: (15 points maximum).

- Attach a typewritten statement of your educational plans and goals.
- Tell us why you want to pursue an education in the healthcare field and what you think YOU can bring to this work.
- The statement must not exceed **one** page in length. In judging this item, phrasing, spelling, appearance and depth of plans will be considered and will be judged subjectively.

BONUS POINTS: Applicants will receive one point for each year worked at NARMC.

FINANCIAL NEED: (20 points maximum).

- A standard cost of attendance will be used to determine need.
- List **all** income from your employment, scholarships, financial aid, child support, and spouse's income.

Applicants are encouraged to pursue a career at North Arkansas Regional Medical Center after completion of studies.

Check List- Did you remember to:

- _____ Show proof of acceptance into a qualified program of study. The proof may be the transcript from the school or the acceptance letter from the school.
- _____ Copy of Driver's License.
- _____ Two personal letters of recommendation.
- _____ Two professional letters of recommendation.
- _____ A typewritten statement of your educational plans and goals. (The statement must not exceed **one** page in length.)
- _____ Scholarship Application.
- _____ Request for Release of Transcript.

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED
NORTH ARKANSAS REGIONAL MEDICAL CENTER AUXILIARY**

Revised JAN 2018

SCHOLARSHIP APPLICATION

Name _____
Address _____
City _____ State _____ Zip _____ Date of Birth _____
Home Phone _____ Cell Phone _____ Other Contact Phone _____
Email Address _____

Marital Status/# of Dependents:

Status: Single _____ Married _____ Divorced _____ # of Dependents _____

Employment:

Are you employed? _____ If yes, employer: _____

Are you employed or have you been employed by NARMC? _____ Yes _____ No

If yes, dates of employment: _____

Enrolled in which program at North Arkansas College? _____

Statement of Income:

List your income for the 5-month semester to be covered by this scholarship. Note: FAFSA verification of income may be requested for applicant at a later date. (Do Not Include Loans)

Pell Grant: \$ _____

SEOG: \$ _____

Scholarship: \$ _____

Other: (Income available to you from any other source such as child support, rehabilitation grants, Educational IRA's etc.) \$ _____

TOTAL \$ _____

Student Income \$ _____ yearly

Spouse Income \$ _____ yearly

Parents Income \$ _____ yearly, if you live at home.

The above information is accurate to the best of my knowledge for the five month semester to be covered by this scholarship. I understand if I am unable to complete this semester of school, any Auxiliary Scholarship monies awarded to me will be returned to the NARMC Auxiliary. Additional verification of income maybe required before Scholarship is awarded. (FAFSA or income tax return)

X _____
Signature Date



NORTH ARKANSAS REGIONAL MEDICAL CENTER AUXILIARY SCHOLARSHIP

RELEASE TO OBTAIN TRANSCRIPT

I, _____, give my permission for North Arkansas Regional Medical Center Auxiliary to have a copy of my transcript for the purpose of scholarship consideration. My social security number is: _____

X _____
Signature Date

Applicant: Sign this form and return it along with your application.

Registrar's Office: Please mail the transcript for the above-named applicant to:

North Arkansas Regional Medical Center
Attention: Volunteer Services, Scholarship Chairperson
620 N. Main
Harrison, AR 72601

Thank you,

Scholarship Committee Chairman