



# THE FOUNDATION for Marshall Medical Centers

## 2024 Foundation Scholarship Program

### Scholarship Information and Guidelines

The Foundation for MMC Scholarship Program was originally created by business leaders, health care providers, and others in Marshall County who are interested in providing the best health care possible to all citizens of Marshall County. The Foundation Scholarship Program is offered to promote and support higher education opportunities for graduating high school seniors who are interested in pursuing a career in a health care profession. In the spring of 2024, two scholarships in the amount of \$1,000 will be available. One (1) scholarship will be awarded based on financial need and the other will be awarded based on merits only.

### Eligibility Requirements

1. Applicant must be a graduating high school senior, a resident of Marshall County or Sardis City, and entering college in the summer of 2024 or the next academic year.
2. Applicant must have at least an 80 average in core curriculum subjects during his/her senior year.
3. Must Score at least a 20 on the ACT
4. Applicant must be a student in good standing.
5. Applicant must provide an official school transcript including ACT/SAT scores.
6. Applicant must be planning to pursue a career in a health care profession.
7. A *complete application packet* must be received on or before Friday, April 5, 2024 for applicant to be considered. Applications that are only partially completed will *not* be considered.
8. Applicants are eligible to receive only one (1) scholarship from The Foundation for Marshall Medical Centers.

### Screening Process

1. All applications will be scored by The Scholarship Review Committee.
2. Scholarship finalists **may** be scheduled for a personal interview with members of The Scholarship Review Committee and Foundation Board members. In previous years, applications only have been considered, so please take the application process very seriously. If interviews are scheduled, finalists will receive communication via email informing them of their interview time.
3. All applicants will receive a letter prior to their school's Awards Day Ceremony letting them know if they did or did not receive the scholarship.
4. Recipients will be announced at their school's Awards Day Ceremony.

*If you have questions or need additional information about the Foundation's Scholarship Program, please contact Andrea Oliver at (256) 571-8026 or by email at [andrea@foundationformmc.org](mailto:andrea@foundationformmc.org). Applications are also available online at [www.foundationformmc.org](http://www.foundationformmc.org)*



# THE FOUNDATION for Marshall Medical Centers

## Foundation Scholarship Application Instructions 2024

1. Complete the attached Scholarship Application Form in its entirety. **Incomplete applications will not be considered.**
2. **The deadline to submit applications is Friday, April 5, 2024.** Completed application packets must be submitted by selecting one of the following options:
  1. **Mail with a postmark no later than 04/05/2024** to The Foundation for Marshall Medical Centers, 2320 Homer Clayton Drive, Guntersville, Alabama 35976.

\*Please note: Late applications will NOT be accepted. Faxed or emailed copies will NOT be accepted. In person deliveries of **any kind** from individual students, parent/guardians, or teachers will NOT be accepted. **Applications that are hand delivered will be automatically disqualified.**

3. Two (2) completed recommendation forms must be included in the application packet. Please be sure recommendations are in a sealed envelope. At least one form should be completed by one of your current teachers.
4. In your own words and handwriting, write an essay, no more than 300 words and no less than 125 words, about why you wish to pursue a health care related career. Neatness, spelling, and grammar will be considered.
5. Attach an official school transcript that includes ACT/SAT scores.
6. If chosen to receive a scholarship, the recipient must complete a Recipient's Confirmation form and return it promptly. He or she will be required to provide information about the school they are planning to attend so that. **Payment will be made directly to the college. Any funds not used the first semester, will be carried over to the next semester and used for tuition, fees or textbooks.**
7. Scholarship recipients are requested to provide a **formal**, color senior photograph (in digital format) along with the above mentioned Recipients Confirmation form to be used in press releases for The Foundation for Marshall Medical Centers.
8. Each of these **MUST** be included in the application packet and received on or before the deadline for a student to be considered:
  - Completed application forms
  - Two (2) completed and signed recommendation forms, at least one of which is from a current teacher
  - 125-300 word essay in applicant's own handwriting
  - Official copy of High School transcript
  - Official copy of ACT/SAT scores
  - Affidavit signed by both applicant and one parent or guardian



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## Foundation Scholarship Application 2024

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Applicant's Name: \_\_\_\_\_

(First)

(Middle)

(Last)

School Name: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

E-Mail Address (required): \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's (Guardian) Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's (Guardian) Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Applicant Lives With: \_\_\_\_\_

Siblings' Name(s) and Age(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of siblings under 18 years of age living in the home: \_\_\_\_\_

Estimate of parents' contribution to college expense per year: \$ \_\_\_\_\_

Are there any extraordinary expenses in your family? (Illness, debts, etc) \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

Have you applied for other scholarship aid? \_\_\_\_\_ If so, explain: \_\_\_\_\_

\_\_\_\_\_

Have you been awarded scholarship aid? \_\_\_\_\_ If yes, list and give amount of each \_\_\_\_\_

\_\_\_\_\_



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## Foundation Scholarship Application 2024

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Educational Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education: High School: \_\_\_\_\_  
Expected date of graduation: \_\_\_\_\_  
Current GPA: \_\_\_\_\_  
Class Rank: \_\_\_\_\_  
Please check one: \_\_\_\_\_ Standard Diploma \_\_\_\_\_ Advanced Diploma

High School  
Clubs, Activities  
And Honors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic  
Achievement  
And Honors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Elected/  
Appointed  
Leadership  
Positions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School and  
Community  
Service \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work  
Experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan on returning to Marshall County after college graduation to live and work? \_\_\_\_\_

If not, where do you plan to live and work? \_\_\_\_\_  
\_\_\_\_\_





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## Foundation Scholarship Application 2024

### Affidavit

*(This affidavit must be read and signed by applicant and included when submitting application.)*

I, \_\_\_\_\_, plan to begin classes in the summer or the fall of 2024.

*Additionally, I understand and agree:*

- If I am selected as the recipient of this award, I understand that I must attend a two (2) or four (4) year accredited college, junior college, or vocational training school that meets the approval of the Foundation for Marshall Medical Centers Scholarship Committee.
- If I do not enroll within the above mentioned time period, or I do not satisfactorily complete the course(s), I understand that I must relinquish this award.
- I understand that the full amount of this scholarship must be used for tuition, fees, or textbooks related to my course of study.
- I understand that the funds of this scholarship cannot, under any circumstances, be transferred to another school or person.
- I certify that the information I have submitted is true and correct. I understand that the falsification of any information contained in this application will disqualify me from further consideration or receipt of funds from this foundation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*My signature ensures that I am aware of the submission of this scholarship and that I agree with the provisions as set forth herein.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



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### Foundation Scholarship Application 2024 Recommendation Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
School

\_\_\_\_\_ is applying for the Foundation for Marshall Medical Centers scholarship for high school seniors graduating in 2024. Please complete this form by checking the most appropriate response. Please return in a sealed envelope to the applicant. **The completed form must be included in the application packet which must be received by the Foundation on or before April 5, 2024.**

		Superior	Above Average	Average
1.	Personality	_____	_____	_____
2.	Work ethic	_____	_____	_____
3.	Respect for authority	_____	_____	_____
4.	Self-discipline	_____	_____	_____
5.	Completes tasks on time	_____	_____	_____
6.	Punctuality	_____	_____	_____
7.	Motivation	_____	_____	_____
8.	Reliability	_____	_____	_____
9.	Creativity	_____	_____	_____
10.	Willingness to work with others	_____	_____	_____

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title