Mena Regional Auxiliary Scholarship

Mena Regional Health System Auxiliary will award fall 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 September 16, 2019 to the Mena Regional Gift Shop or MRHS 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 enrolled in 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 if taken in last 3 years.
3. One letter of recommendation from a medical professional or an academic professional and one other Reference (listed on Application).
4. 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 First Middle

ADDRESS

_____

Street, Route, Box City State Zip Code

_____ _____ _____ _____

Date of birth Social Security Number Telephone Alternate phone #

_____ Single _____ Married _____ Divorced _____

Email address

Head of Household name(s): _____

Who provides support name(s): _____

Head of Household's Occupation: _____

Head of Household's Employer: _____

Other Household member(s) Occupation and Employer: _____

_____

Children living in Household: Number: _____ and Ages: _____

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: _____

_____

Other Financial Aide Received: _____

Sponsored Programs Attended:

SNAP _____ MASH Camp _____ Clinical Internship Program _____ Volunteens _____

Other _____

One Reference - Other than Letter of Recommendation: Name, _____

Phone Number: _____, Relationship: _____

Name and address of the school you are attending: _____

Name your specific area of study in the Health Profession _____

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.

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