

HENRY R. BELL M.D. SCHOLARSHIP

Requirements and Application Information

The Medical Staff and Board of Jennie Stuart Medical Center have established a Henry R. Bell, M.D., Scholarship Fund consisting of two \$2,000 scholarships. These scholarships will be awarded each year to two students planning a career in a healthcare field who demonstrate motivation to complete his or her education and who are in need of financial assistance (dependents of Medical Staff members are excluded from applying).

Eligibility for a Henry R. Bell, M.D., scholarship is based on the following:

- a. Applicant must be a resident of Christian or Todd Counties, Kentucky, and a senior in high school.
- b. Grades, character, potential and motivation to continue his or her education in the field of medical science must be demonstrated. (A transcript of grades from the last school attended must be submitted along with three letters of recommendation from non-relatives.)

Applications for Henry R. Bell, M.D., scholarships are made available by downloading the application information from the Jennie Stuart Medical Center website at www.jsmc.org.

Applications need to be returned by mail to Jennie Stuart Medical Center Medical Staff Office, P.O. Box 2400, Hopkinsville, KY 42241-2400.

These applications, along with the other required materials listed above, must be submitted to the Jennie Stuart Medical Center Medical Staff Office **NO LATER THAN APRIL 1**. APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE CONSIDERED.

Scholarship awards are determined in May of each year.

A recipient of the HENRY R. BELL, M.D., SCHOLARSHIP will be notified by letter. The recipient must be willing to sign a publicity release.

The recipient will receive this monetary award through the Financial Aid Office of the College or University of their choice. The Financial Aid Office of each school must be given specific instructions as to how this money is to be used. The schools will be asked to return any unused funds to JSMC for future scholarship awards. No funds are to be given directly to any student. Funds cannot be designated by a student for his/her future use but must be used in the school year received.

Recipients shall not be eligible for renewal of scholarships and prior recipients may not apply.

Applications must be submitted to the Jennie Stuart Medical Center Medical Staff Office by April 1. NO APPLICATIONS RECEIVED AFTER APRIL 1 WILL BE CONSIDERED.

To Apply for a Henry R. Bell, M.D., Scholarship

Complete the following information in its entirety and attach a brief essay (one page) describing why you feel you should be awarded this scholarship.

SCHOLARSHIP APPLICATION INFORMATION BELOW MUST ACCOMPANY YOUR ESSAY, YOUR TRANSCRIPT OF GRADES, AND THREE LETTERS OF RECOMMENDATION FROM NON-RELATIVES

APPLICANT'S INFORMATION

Name:

Marital Status: Single, Separated, Divorced, Married

Name of Spouse (if married):

Date of Birth:

Number of Dependents:

Social Security Number:

Home Address (Mailing Address with City and Zip Code):

Phone Number where you can be reached:

Home Phone Number:

PARENTS' INFORMATION

Father's/Guardian's Name:

Mother's/Guardian's Name:

Number of additional children in family if applicant lives with family/guardian:

And their ages:

REQUIRED INFORMATION

List Colleges, Universities, or Medically-Related Programs to which you have applied:

What Medically-Related Program have you chosen?

Estimated education expenses per year:

Amount available from parents:

Exact amount available from savings:

*Money earned (summer-, part-, or full-time employment):

Grants or scholarships received (from where and how much):

List all scholarships for which you have applied (from where and how much):

*List your employment record (Please provide the name and address of your employer, as well as your duties, dates of employment, and your supervisor):

List all school activities and offices held throughout high school (Please provide the high school offices you have held and the years):

List community activities in which you have been involved (Please provide the activity, location, sponsoring organization, and your supervisor):

Sign and date your application information and essay, and return to the address listed above.

By signing below, I acknowledge that I have read and that I meet the qualifications, as outlined in the Henry Bell, M.D., Scholarship policy.

Applicant's Printed Name:

Applicant's Signature and Date: