

NORTH ARKANSAS REGIONAL MEDICAL CENTER AUXILIARY SCHOLARSHIP APPLICATION
620 N. Main
Harrison, Arkansas 72601
(870) 414-4622

Recognizing the need to attract potentially 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 established a scholarship fund. Six scholarships will be awarded each year to students pursuing certification in Allied Health programs at North Arkansas College. Applications will be accepted from students accepted to and enrolled in the following medical programs:

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

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.
- * 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

PERSONAL/PROFESSIONAL RECOMMENDATIONS: (15 points maximum). Two personal and two professional letters of recommendation should be included with your application. Include employment references if applicable. One college instructor may be used. Recommendations should be written on letterhead or name and contact number of person writing recommendation should be included. Each positive reference will earn three points. References should include contact information.

EDUCATIONAL OBJECTIVE: (15 points maximum). Attach a typewritten statement of your educational plans and goals. Tell us why you want to pursue education in the health care 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 Will be accorded for work at NARMC (one point for each year worked).

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.

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

Revised JAN 2016

NAME _____

DATE OF BIRTH _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

MARITAL STATUS: SINGLE ____ MARRIED ____ DIVORCED ____ AGE ____ # OF DEPENDENT CHILDREN ____

ARE YOU EMPLOYED? ____ IF YES, EMPLOYER _____

ARE YOU EMPLOYED OR HAVE YOU BEEN EMPLOYED BY NARMC? ____ IF YES, DATES OF EMPLOYMENT: _____

ENROLLED IN WHICH PROGRAM AT NAC? _____

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 may be 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