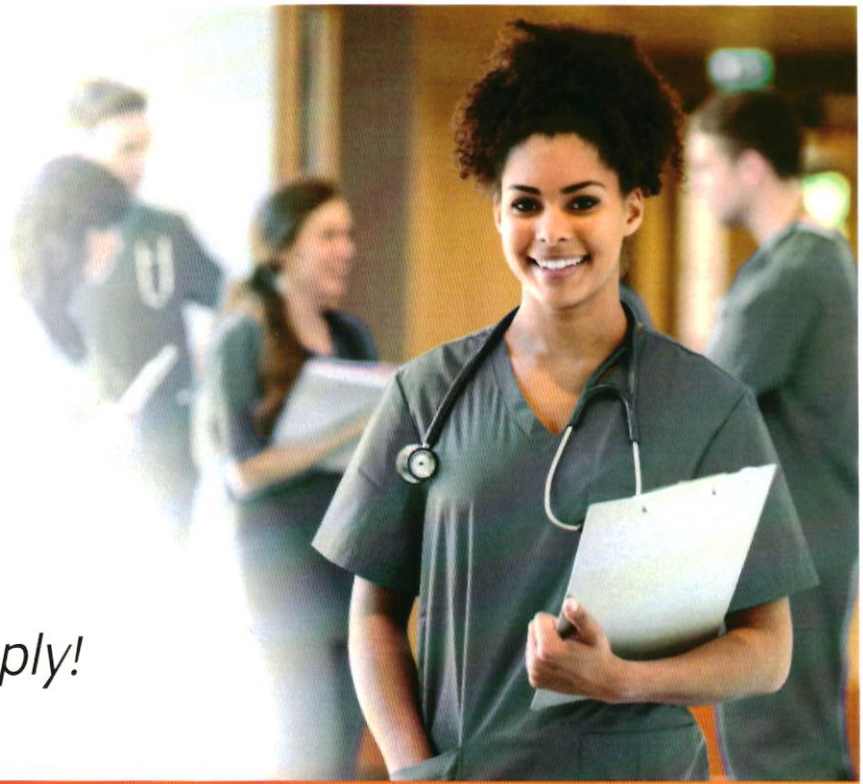




Healthcare Scholarships Available

Now is the time to apply!



THE DEADLINE IS
MAY 31


You must have the following to apply

- Scholarship Application** **FAFSA**
- Two References** **Official Transcript**

Through the generosity of the SoutheastHEALTH Foundation, educational scholarship opportunities are available for students pursuing degrees in healthcare.

If you have questions or need assistance, please call SoutheastHEALTH Foundation at 573-519-4920 or email us at foundation@sehealth.org.

REQUIREMENTS

-  Preference will be given to students enrolled in programs within the SoutheastHEALTH service region.
-  A description and requirements for each scholarship, as well as forms and applications are available online at SEHealth.org/scholarships.
-  You need only to complete one application to apply for multiple Foundation scholarships.

SoutheastHEALTH Scholarship Policy, Process and Requirements

SoutheastHEALTH Foundation Scholarships

Through the generosity of the SoutheastHEALTH Foundation, scholarship opportunities are available for students involved in direct patient care. Preference will be given to students enrolled in programs at SoutheastHEALTH College of Nursing and/or employees of SoutheastHEALTH and/or students enrolled in programs within the SoutheastHEALTH service region. Scholarship applications may be submitted between February 1 - May 31.

SCHOLARSHIP POLICIES:

- FAFSA must be completed prior to the submission of the scholarship application.
- Deadline for scholarship application submission is May 31st of each year.
- Applications and Reference Forms are available online at www.sehealth.org/scholarships
- A GPA of 2.85 or above on a 4.0 scale is required for satisfactory academic standing.
- All scholarship applicants must be enrolled full time (determined by school criteria) per academic cycle.
- Preference will be given to applicants who have successfully completed one term of a two or more year program.
- Scholarship recipients may be eligible to receive a scholarship a maximum of two years, but reapplication for a second year is necessary.
- Eligible candidate applications will be evaluated after June 15th by the Scholarship Committee.
- The Scholarship Committee will make final determinations based on professional goals, communication skills, GPA, two reference evaluations and financial need.
- The number of scholarships will be determined each year subject to available funds.
- Scholarship monies awarded will be sent directly to the school where the recipient is enrolled.

SCHOLARSHIP APPLICATION PROCESS & REQUIREMENTS:

1. **Submit BEFORE Deadline:** May 31st
2. **Submit online:** Satisfactory completion of [online scholarship application](#)
3. **Submit by mail, email or online:** Acceptance letter or equivalent documentation from the school the applicant is attending
4. **Submit by mail, email or online:** Current FAFSA report
5. **Submitted by mail or email from each of two References on the required Reference Form:** References may not be relatives, but may be a current or former employer, instructor, coach, volunteer supervisor or minister and **must be submitted on the required Scholarship Reference Form**. References must be able to attest to the character and qualifications of the applicant.
6. **Submitted by Registrar's Office after spring semester; ordered by student before May 31st.** Transcript including final spring grades must be ordered before May 31st and must be mailed directly from the Registrar's Office to the Foundation.

For more information or questions, please call SoutheastHEALTH Foundation at
573-519-4920
or email questions to foundation@sehealth.org

SoutheastHEALTH Foundation
1849 Broadway
Cape Girardeau, MO 63701

Scholarship Reference Form



foundation@sehealth.org
1849 Broadway | Cape Girardeau, MO 63701
573-519-4920

Scholarship Applicant's Name _____

This student has applied for a scholarship from SoutheastHEALTH and is requesting your assistance in providing a reference for them. You may not be a relative. **Please complete this reference form and return it by mail directly to the SoutheastHEALTH Foundation or email to foundation@sehealth.org before May 31st.** All information will be held in strict confidence.

What is your relationship to the applicant?

- Current or Past Employer
- Current of Past Instructor
- Coach
- Volunteer Supervisor
- Minister
- Other _____

When? From _____ to _____

Please rate the applicant in the following characteristics:

	Superior	Above Average	Average	Below Average	No Opinion
Career Potential	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Dependability/Punctuality	_____	_____	_____	_____	_____
Diligence	_____	_____	_____	_____	_____
Financial Need	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____
Judgment/Decision Making	_____	_____	_____	_____	_____
Professionalism	_____	_____	_____	_____	_____

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Application Deadline May 31