

ProMedica Defiance Regional Hospital Medical Executive Committee (MEC) Scholarship Fund Guidelines and Application

The purpose of the ProMedica Defiance Regional Hospital MEC Scholarship Fund is to improve health care in our community by providing financial assistance to persons of demonstrated ability to further their education and training in the health care field.

Applicants must be pursuing a health care curriculum, have a cumulative grade point average of 3.0 or better, be of good character and go to or graduated from a high-school located within Defiance Regional Hospital's service area (eligible school districts listed below) or have a parent or guardian that is a current or former employee of Defiance Regional Hospital.

Students that live within the following school districts are eligible:

- **Antwerp High School**
- **Archbold High School**
- **Ayersville High School**
- **Bryan City Schools**
- **Central Local (Fairview)**
- **Continental Local School**
- **Defiance High School**
- **Hicksville High School**
- **Holgate High School**
- **Liberty Center Schools**
- **Napoleon Area City Schools**
- **Northeastern (Tinora) High School**
- **Patrick Henry High School**
- **Paulding High School**
- **Stryker High School**
- **Wayne Trace High School**

A Committee will award scholarships based on their discretion. **Guidelines** for the committee to consider are as follows:

- Minimum of \$500 per year scholarship for students in a two (2) year program
- Minimum of \$1,000 per year scholarship for students in a four (4) year program
- Students must be enrolled as a full-time student
- Student must be pursuing a field of study that would offer services in a hospital setting
- Scholarships can be reapplied for based on 3.0 grade point average or better (confirmed by current transcript), continuation of undergraduate studies and confirmation from the attending school of a health care related field of study that would offer services in a hospital setting.

Applications become available: February 14, 2020.

Applications must be completed and submitted to ProMedica Defiance Regional Hospital by: **Wednesday, March 18, 2020.**

(Postmarked submissions on or before **Wednesday, March 18, 2020** will be accepted.)

Application Instructions:

1. Applications must be typewritten or computer generated and signed in all instances.
2. ***School transcripts must be official, with seal, and mailed directly from the educational institution*** to ProMedica Defiance Regional Hospital.
3. SAT or ACT test scores are required.
4. Please provide a concise statement to each of the questions or topics below.
Your response per question or topic should be no longer than one page each:
 - a. Why are you planning to make a career in the health care field?
 - b. Describe community service and leadership activities that you have participated in during the past year.
 - c. What experiences over the past year have you had to confirm your desire to enter (or maintain) the field of study you are pursuing?
 - d. Describe your financial need of this scholarship.
5. **Two letters of recommendation from two individuals are required.**
6. The entire application must be completed and submitted by the deadline to be considered by the scholarship committee.

Return application, transcripts, test scores and letters of recommendation to:

Carol Martinez
ProMedica Defiance Regional Hospital
1200 Ralston Avenue
Defiance, Ohio 43512

If you have any questions or concerns, please call (419) 783-4493 or email:
carol.martinez@promedica.org

Students who apply their senior year of high school and/or college age full-time students are eligible to *reapply annually* during their college studies provided they meet eligibility requirements.

**Deadline for completed applications is March 18, 2020.
Applications postmarked on or by this date will be
accepted.**

ProMedica Defiance Regional Hospital
Medical Executive Committee (MEC) Scholarship
2020 Application

Deadline for submission is March 18, 2020.
Application must be typewritten or computer generated.

PERSONAL DATA

Applicant's full name: Mr. / Ms. _____
(Underline or "**bold**") (first) (middle) (last)

Applicant's mailing address: _____
(street address)

(city) (state) (zip)

Phone Number: __ (____) _____

Email Address: _____

Date of Birth: ____ / ____ / ____

Parent(s)/Guardian(s) Name: _____

Child of a former or current employee of Defiance Regional Hospital?

(Underline or "**bold**" one) Yes No

EDUCATIONAL BACKGROUND

What school year are you presently in at this time? (Underline or "**bold**" one)

High School Senior College Freshman College Sophomore
College Junior College Senior

COLLEGE SELECTION

Name of college you will be attending in 2020-2021:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you are attending this school for the first time, you must include a copy of your letter of acceptance.

Medical field you are choosing to pursue: _____

Upon completion of your degree, would you consider returning to or staying in the Defiance area for employment? Yes No

Are you planning on attending a: Two-year program Four-year program
(Underline or "**bold**" one)

HIGH SCHOOL INFORMATION

High School Attended: _____

Graduation Date: _____/_____/_____

GPA (on 4.0 scale): _____

ACT Score (if applicable): _____

SAT Score (if applicable): _____

RECOMMENDATIONS

Obtain and include with this application, two (2) written recommendations. All should be from persons other than family members.

STATEMENT OF APPLICANT

I certify that to the best of my knowledge, the information contained in this statement is correct and complete. I understand that this scholarship, if granted to me, is for pursuing the course of study at the college or university stated in this application. If for any reason, my plans change before the beginning of the next year, I will inform the scholarship committee by letter. At that time, the scholarship committee will have the right to re-evaluate my application and revoke my scholarship.

I also understand that failure to notify the scholarship committee of any change in my college plans will result in automatic revocation of any scholarship that I may have otherwise received from ProMedica Defiance Regional Hospital.

I understand that if this application is not received in its entirety (including transcript and recommendation letters) by March 18, 2020 it will not be considered for a scholarship.

(signature of applicant)

(date)

(parent/guardian signature if a minor)

(date)