



Application For
CMH Club 1982 Scholarship

Citizens Memorial Hospital • Citizens Memorial Healthcare Foundation

1500 North Oakland Ave • Bolivar, Missouri 65613 • phone 417.326.6000
www.citizensmemorial.com

APPLICANT PLEASE READ: Thank you for your interest in a scholarship from CMH Club 1982. CMH's mission statement is: "Provide compassionate care to all generations by leading physicians and an exceptional healthcare team." Our employees are the backbone of providing that care and we want to invest back into them and their families for their hard work and dedication to our organization.

Eligibility: To be eligible for the scholarship, you must be an employee, child, or grandchild of a Citizens Memorial Hospital District or Citizens Memorial Healthcare Foundation employee (guardianship will be considered - documentation required). The employee needs to be in good standing (good attendance and no DESKS in the last 6 months), have worked for CMH for 1 year, and have worked a minimum of 500 hours in the previous year.

PLEASE NOTE: Your application will receive consideration without regard to race, sex, national origin, age, physical or mental impairment or veteran status. Any application that is turned in incomplete will not be accepted. For your convenience, there is a check list on page two of this application. Please follow all directions while completing this application and answer all questions as carefully, completely and honestly as possible.

Name: (PLEASE PRINT) last name maiden name first name middle initial

Present address: number and street city state zip code

Phone Number: E-mail address:

Have you ever been employed by Citizens Memorial Hospital or Citizens Memorial Healthcare Foundation?

Yes / No If yes, where?

Dates of Employment: From: To:

High School: High School Graduation Date:

Trade School/College/University Attending:

Current or Most Recent GPA: Where Attending:

Expected Entry Date to Program: Anticipated Graduation Date:

Expected Cost of Tuition per Semester: College Student ID #:

Name of Employee, Parent, or Grandparent who Works for CMH:

Employee Number: Job Title: Hire Date:

Supervisor:

Other Scholarships Received by Applicant? Yes / No If yes, how much total?

CMH Committee Use Only:

Employment Time met? Number of hours worked in last year (running year, not calendar year):

Transcripts Provided: Acceptance Letter Provided: Resume Provided:

GPA verified: How much does student qualify for?

School Year:

Please state any other information that you believe would be helpful to the Scholarship Selection Committee (include extracurricular activities, hobbies, awards, honors, volunteer activities, etc). \_\_\_\_\_

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### PERSONAL STATEMENT

Please include, with your application, a personal statement describing you and what your educational and career goals are. This statement should not exceed one single-spaced typed page.

### RESUME

Please attach an updated resume. If you do not have job experience, do not worry. Please list the extracurricular activities or volunteer opportunities you have done.

### REFERENCES

Please include three reference forms to turn in with your application (back three pages). Each completed reference will need to submit the form to you in a sealed envelope with the envelope flap signed by the reference.

### APPLICATION CHECKLIST

| COMPLETE  | COMPONENTS   |
|---|--|
|   | All sections of the application completed, signed, and dated   |
|   | If employee is guardian of applicant, court records appointing employee as guardian  |
|   | Personal statement enclosed describing applicant and career goals  |
|   | Resume   |
|   | Most recent unofficial transcripts reflecting GPA or GED with scores   |
|   | Three reference forms enclosed in a sealed envelope with the envelope flap signed by the reference                                   |
|   | Hand delivered or mailed to:<br>Citizens Memorial Hospital<br>Attn: Club 1982 Scholarship<br>1500 N Oakland Ave<br>Bolivar, MO 65613 |
| <p>It is the applicant's responsibility to ensure all components of the CMH Club 1982 Scholarship Application are complete. This checklist is provided to assist the applicant. Failure to submit a complete application may result in the application being deemed ineligible.</p> <p>By signing in the boxes below, you are stating that: I certify that I have read the foregoing application, which I understand the questions, which the answers given are true and authorize investigation of all statements contained in this application. I understand that a materially false answer will disqualify me from consideration for a scholarship. I release Citizens Memorial Healthcare, its agents and employees from <u>any liability</u> resulting from such investigation, and I authorize investigation of all statements contained in this application.</p> |  |
| Printed Name of Applicant   | Applicant Signature  |
| Date  |  |
| Printed Name of Employee  | Employee Signature   |
| Date  |  |

Name of Applicant \_\_\_\_\_

**SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE**

Please complete this form as accurate and honestly as possible. After you have completed this form, place the completed recommendation in an envelope, seal and sign your name across the seal of the envelope. Return this envelope to the applicant.

How well do you know this applicant?    Very Well    Fairly Well    Minimally    Unknown

How long have you known the applicant?

Identify the association you have had with the applicant. Check all that apply.    Instructor  
 Employer/Supervisor    Friend    Community Organization    Academic Advisor    Other

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

| <b>Skill</b>                       | <b>Exceptional</b> | <b>Above Average</b> | <b>Average</b> | <b>Below Average</b> | <b>Not Able to Respond</b> |
|------------------------------------|--------------------|----------------------|----------------|----------------------|----------------------------|
| Decision-making ability            |                    |                      |                |                      |                            |
| Organizational skills              |                    |                      |                |                      |                            |
| Communication skills: Written/Oral |                    |                      |                |                      |                            |
| Adaptability to stress             |                    |                      |                |                      |                            |
| Positive attitude                  |                    |                      |                |                      |                            |
| Integrity                          |                    |                      |                |                      |                            |
| Interpersonal sensitivity          |                    |                      |                |                      |                            |
| Leadership ability                 |                    |                      |                |                      |                            |

In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to indicate your perceptions of the applicant's strengths and limitations.

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\_\_\_\_\_

My recommendation is:    Highly recommend    Recommend    Do not recommend

|   |                                       |
|---|---------------------------------------|
| Signature of Person Making Recommendation | Date                                  |
| Printed Name                              | Business and Position (if applicable) |
| Address                                   |                                       |
| Work Telephone Number                     | Home Telephone Number                 |

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Signature of Person Making Recommendation

Date

Printed Name

Business and Position (if applicable)

Address

Work Telephone Number

Home Telephone Number

Name of Applicant \_\_\_\_\_

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My recommendation is:    Highly recommend    Recommend    Do not recommend

Signature of Person Making Recommendation

Date

Printed Name

Business and Position (if applicable)

Address

Work Telephone Number

Home Telephone Number