



Scholarships

Fall/Winter

2015

The Madison Health Auxiliary provides financial assistance to qualified students to help ensure that a “pool” of well-trained health care professionals will be prepared to serve their community.

A minimum of one, \$1000 scholarship will be given on January 15, 2016 provided, there are qualified applicants.

Eligibility

Any resident of Madison County who is seeking a professional hospital career and has been accepted for training at an accredited school may apply.

How to Apply

Applications are available through the Madison Health Foundation and can be picked up and returned to Madison Health, 210 N. Main Street, London, OH 43140.

Applications due December 1, 2015.

In order to maintain follow-up communication between the student and Madison Health, the student will be asked to submit a copy of grades to the committee chairperson after each grading period. Students who maintain good standing may apply for additional scholarships.

Madison Health Auxiliary Professional Hospital Career Scholarship Program

Program Policy & Procedure

Purpose of Scholarship Program:

- To provide financial assistance to qualified students.
- To help insure that a “pool” of well-trained health care professionals will be available to serve their community.

Who administers the program:

Madison Health Auxiliary administers the program. A committee is appointed by the Auxiliary president and includes at least three members. The committee will meet in June and December of each year to review applications and conduct interviews.

Scholarship Amount:

A minimum of one, \$1000 scholarship will be given on July 15 and January 15 each year, provided there are qualified applicants.

Who may qualify:

Any resident of Madison County, or employee of Madison Health who is seeking a professional hospital career and has been accepted for training at an accredited school may apply.

How to apply:

Applications are available through the Madison Health Foundation. Applications are due on June 1 and December 1 of each year. The application must include one letter of reference.

Follow-up:

In order to maintain follow-up communication between the student and Madison Health, the student is requested to submit a copy of grades to the committee chairperson after each grading period. Students who maintain good standing may apply for additional scholarships.



Please complete this application with one letter of reference (from non-family member) and return to:

Madison Health Auxiliary Scholarship Program, 210 North Main St., London, OH 43140

Personal

Name _____ Age _____ Sex _____

Address _____ Telephone _____

Date of Birth _____ Married _____ Single _____ Divorced _____

Spouse's Name _____

Spouse's Occupation _____

Education/Work Experience

High School attended _____

Year of Graduation _____ Scholastic rating: High _____ Average _____ Low _____

Education/training beyond high school _____

Present Occupation _____ Full or Part-time _____

Previous Occupations _____

What professional field do you plan to enter? _____

To which school have you been accepted? _____

What is the expected length of your training? _____

Is your training currently in progress? _____ How far have you progressed? _____

The information I have provided on this application is true, complete, and correct, to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willful false statement, or an omission of a material fact on this application will immediately remove me from consideration.

Signature _____

Date _____