



2017 HEALTHCARE SCHOLARSHIP APPLICATIONS

Download applications from www.adena.org/foundation, or call the Adena Health Foundation at (740) 779-7774.

Complete applications MUST be received at the Adena Health Foundation, 9 South Paint Street, Chillicothe, Ohio 45601 or post marked no later than 4:00 p.m., Thursday, May 18, 2017. Applicants must provide with the application, proof of admission to the academic program of choice. Proof of admission to a college or university does not always constitute admission to the specific program. If admission to the specific program is pending, please indicate "Pending" in the application and provide proof as soon as it is available. Such applications will be held in suspense until proof is received.

Applications are available for the fields of study listed below. Note special eligibility criteria, below:

PHYSICAL THERAPIST – Applicants must provide a letter of acceptance to the Doctoral Program

SPEECH THERAPIST-Applicants must provide a letter of acceptance to the Master's/Graduate Program

AUDIOLOGIST- Applicants must provide a letter of acceptance to the Doctoral Program

LICENSED PHYSICAL/OCCUPATIONAL THERAPY ASSISTANT – Applicants must provide a letter of acceptance to a Physical/Occupational Therapy Program.

RADIOLOGY TECHNOLOGIST – Limited to Nuclear, CT, General (Diagnostic) X-ray, Ultra Sound, or Mammography. Applicants must provide a letter of acceptance to an approved Radiology program.

NURSING – Limited to second-year students in an Associate's Degree program, or students who have been accepted (or pending) in a Bachelor's or Master's program, including Advanced Practice Nurse Practitioner and Clinical Nurse Specialist applicants. Applicants must provide a letter of acceptance to the program.

RESPIRATORY THERAPIST – Acceptance letter to Respiratory Therapy program required.

MEDICAL TECHNOLOGIST or MEDICAL LABORATORY TECHNOLOGIST – Limited to second-year students accepted into the Bachelor's Degree (MT) program or students accepted in an Associate's Degree (MLT) program. Applicants must provide a letter of acceptance to the program.

MEDICINE – Applicants must provide a letter of acceptance to a Medical School.

PHARMACY – Applicants must provide a letter of acceptance to a Pharmacy School.

Scholarships are made possible by the fundraising efforts of the Volunteer Advisory Council of Adena and The Women's Board of Adena. Additional scholarship funds are made possible by generous contributions to the following endowments and funds:

Adena Healthcare Scholarship Endowment (includes the Reginald C. Blue Fund)
PACCAR Medical Education Center Scholarship Endowment
Gordon F. Streicher Memorial Scholarship Endowment
Manchester Radiology Education Endowment
St. Mary's Catholic Church/William Nolan Endowment

Stephen Fleischer Scholarship Endowment
Junior Civic League Scholarship Endowment
Eagles Aerie 600/Herbie Retherford Memorial Scholarship Endowment
Catherine Evanoff Memorial Scholarship Endowment
Soon Phil Choice Scholarship Endowment
Beth Ann Elliott Memorial Scholarship Endowment



ADENA HEALTH FOUNDATION Healthcare Scholarships

2017 GENERAL INFORMATION FOR APPLICANTS

POLICY

The Volunteer Advisory Council of Adena, The Women's Board of Adena, and the Board of Directors of Adena Health Foundation annually will set aside funds in the Adena Health Foundation to support healthcare scholarships. Scholarship recipients will be selected by a committee or committees consisting of members of the Volunteer Advisory Council, The Women's Board, and representatives of Adena Health System, Adena Health Foundation, and donor families and organizations. The Board of Directors of Adena Health Foundation, in its sole discretion, may limit the number or amounts of scholarship awards and award scholarships in support of those who are recommended by the committee(s). Scholarships are limited to direct patient care professions.

PURPOSE

The purpose is to encourage those interested in a direct patient care career to pursue their goals by making available funds in the designated healthcare fields.

APPLICABILITY

Our policies governing the awarding of scholarships apply equally to all without regard to race, color, creed, national origin, age, gender, religion or disability.

ELIGIBILITY

Applicants must have a high school GPA minimum of 3.3 and diploma or a GED score of at least 550 and be residents of one of the counties considered by Adena Health System to be within its service area. Additional qualifications for applicants may apply to those who are applying for assistance in certain fields of study. See the current public announcement for additional eligibility criteria. For the current year, students must have permanent residences in the counties of Adams, Athens, Fayette, Gallia, Highland, Hocking, Jackson, Pickaway, Pike, Ross, Scioto and Vinton. Eligibility requirements for scholarships will be based on the needs of the hospital and are subject to change. Current recipients must re-apply for continuing assistance. Employees of Adena Health System are eligible.

HOW SCHOLARSHIP AWARDS ARE REVIEWED

Applications are first reviewed for completeness and eligibility. Applications that pass the first review will be evaluated by the committee; whereas, applications that do not pass the first review will not be considered. The committee takes into consideration academic performance, community and school involvement, and the quality of the application and attention to detail. Each applicant will be notified of the results via U.S. mail or email. Recipients and one guest will be invited to a Scholarship Awards Ceremony and dinner in July at the Adena Regional Medical Center campus to honor their achievement.

DISBURSEMENT OF SCHOLARSHIP FUNDS

Funds will be paid directly to the school at the beginning of the school year and disbursed by the school on a *pro rata* basis over the school year. Recipients must maintain a GPA of no less than 3.3 in order for scholarship benefits to continue for subsequent quarters/semesters of the school year.



**ADENA HEALTH FOUNDATION
Healthcare Scholarships**

2017 APPLICANT INFORMATION

1. Scholarship applications will be available on the Adena Health System website, www.adena.org/foundation, in March/April of each year. All applicants, **including current scholarship recipients**, are personally responsible for obtaining the scholarship application for each year they wish to receive a scholarship. **Current recipients will not be reminded to re-apply.**
2. **Applications MUST be received at the Adena Health Foundation, 9 South Paint Street, Chillicothe, Ohio 45601 no later than 4:00 p.m., Thursday, May 18, 2017, or postmarked on or before this date.**
3. Only complete, on-time and eligible applications will be considered. A completed application includes the following items in this order:
 - a. **Application:** The completed typed or printed application form is to be completed by and signed by the applicant, unless accompanied by a letter of explanation stating why the applicant is unable to personally complete or sign the application.
 - b. **Official transcript** indicating grade point average (GPA)
First time applicants only, need the following additional items:
 - c. **Letters of recommendation** are required from two references. One reference must be from a current or former teacher and the other may not be a relative.
 - d. **Personal Essay:** A written (typed or printed) short essay describing 1) your reasons for desiring a career in healthcare, 2) persons or events which influenced you, 3) opportunities you have had to actually work in or observe in the professional area of your choice, 4) your career goals, and 5) school and community service performed (type and amount) .
 - e. **Official acceptance letter** in your specific field of study from the university/college. This is not a general admission letter. For example, Pre-Medicine or Pre-Nursing students are not eligible.
4. Applicants will be notified by U.S. mail or email of their scholarship award or denial. The timeline is as follows:

March 10	Applications available
May 18	Applications MUST be received at the Adena Health Foundation no later than 4:00 p.m., Thursday, May 18, 2017, at 9 South Paint Street, Chillicothe, Ohio 45601, or postmarked on or before this date.
June 1 - 16	Application review and award and denial letters mailed
July 20	Scholarship Awards Ceremony and dinner 5:30 PM -7:30 PM
5. Information concerning each applicant will be made available for review to all Scholarship Committee members.

6. Funds will be paid directly to the school at the beginning of the school year unless another arrangement is made with the school. Recipient must maintain a 3.3 or greater GPA.
7. The scholarship recipient must submit an official grade report to the Foundation Office at the end of each grading period during the period of time for which the scholarship is awarded.

Where to apply?

Applications are available from the Adena Health Foundation, 9 South Paint Street, Chillicothe, OH 45601, or they may be downloaded from the Internet at www.adena.org/foundation, or call the office at (740)779-7774 to request one by email or U.S. mail, or to ask questions.

Obligation of Recipients

1. Prior to July 1st students must notify Adena Health Foundation, which school they plan to attend if they have applied to more than one.
2. Recipients are asked to please keep the Foundation advised of your current address, even after graduation, so that we may inform you about new programs and career opportunities at Adena Health System.
3. Recipients are obliged to represent themselves with integrity and dignity, to do well in school, to graduate and to practice faithfully their professions.
4. Recipients are asked to please first consider Adena Health System as your employer of choice.
5. Recipients are asked to please begin giving to the Scholarship Fund at such time in the future as you are able.

DO NOT INCLUDE THIS AND THE ABOVE PAGES IN YOUR APPLICATION.



ADENA HEALTH FOUNDATION

2017 HEALTHCARE SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS: Complete, type or print and sign this form. Return it to Adena Health Foundation, 9 South Paint Street, Chillicothe, Ohio 45601. Applications MUST be received at the Volunteer Health Foundation no later than 4:00 p.m., Thursday, May 18, 2017, or postmarked on or before this date. The application must be complete. All information provided is kept confidential within the bounds of the review process.

Healthcare career field of study for which you are applying? _____

County of Permanent Residence: _____

Adena Employee or Dependent of Adena Employee? (Check one) ___ Yes ___ No

Your Employee # _____

If a Dependent of an Adena Employee, Name of Employee: _____

Name _____ Social Security # _____ (or college ID #)

Street/Road/Apt. # _____

City/Town _____ State _____ Zip _____

Telephone () _____ Cell () _____ Email _____

SCHOOLS ATTENDED: Indicate dates attended, degree, diploma or certificate obtained, and GPA. Attach additional sheets if needed.

High School _____ Dates _____ GPA _____

College(s) _____ Dates _____ GPA _____

_____ Dates _____ GPA _____

_____ Dates _____ GPA _____

Other _____ Dates _____ GPA _____

Have you previously applied for and received a scholarship from Adena Health Foundation? ___ YES ___ NO If yes, letters of recommendation are not required.

If yes, are you now applying to further your education in the same field? ___ YES ___ NO

If no, please explain: _____

School(s) to which you have applied or will apply:

School #1 _____

Have you been accepted? (check one) Yes No Pending

If yes, attach an **official letter of acceptance** from the specific program of choice.

If no, when do you expect to know? _____

School #2 _____

Have you been accepted? (check one) Yes No Pending

If yes, attach an **official letter of acceptance** from the specific program of choice.

If no, when do you expect to know? _____

School #3 _____

Have you been accepted? (check one) Yes No Pending

If yes, attach an **official letter of acceptance** from the specific program of choice.

If no, when do you expect to know? _____

What school have you chosen? _____

What grade level will you be? (Check one)

Freshman Sophomore Junior Senior Graduate

When do you expect to graduate? _____

What degree do you expect to earn? _____

School activities that you have been involved in during high school/college: _____

Community activities that you have been involved in: _____

EMPLOYMENT HISTORY: Attach additional sheets if needed.

Employer name	Position	Dates to/from
_____	_____	_____
_____	_____	_____
_____	_____	_____

ESSAY

First-year Applicants: Include with this application, a short essay (250 – 500 words) stating why you have chosen healthcare as a career. Please describe, also, persons or events which have helped influence you, describe opportunities you have had to actually work or observe in this career field, describe your goals, and describe your school and community service that you have performed.

REFERENCES:

First-time applicants or previous applicants who were denied must include with this application, 2 letters of recommendation from individuals who are familiar with your capabilities and work habits. One of the references must be a current or former teacher, and the other may not be a relative.

You must also include with this application, an official grade transcript from your most recent school. A transcript from the school can be emailed to lclark@adena.org.

I understand that the information contained in this application, required essay, transcripts, and my letters of recommendation will constitute the basis for my preliminary consideration for this scholarship. To the best of my knowledge, all of the information provided is true and accurate. I give my permission for staff of Adena Health Foundation or Adena Health System to obtain information from my high school, adult education provider, college, university or institute concerning my academic performance and use of scholarship funds, and likewise, I give my permission for my school’s officials and teachers to release such information.

Signature of applicant

date

Signature of Parent or Guardian
(required if Applicant is under 18 years of age)

date

REMINDER: Applications MUST be received at the Adena Health Foundation no later than 4:00 p.m., Thursday, May 18, 2017, or postmarked on or before this date. Mail to Adena Health Foundation, 9 South Paint Street, Chillicothe, Ohio 45601.