



# ADENA HEALTH FOUNDATION HEALTHCARE SCHOLARSHIPS

## About the Scholarships

The Adena Health Foundation is pleased to offer scholarships to students throughout Adena Health System's service area who are pursuing an education in healthcare. These scholarships are intended to promote education in a healthcare course of study while enhancing the availability of healthcare providers in our community.

Scholarships are made possible by the fundraising efforts of the Adena Volunteer Advisory Council, Women's Board and Adena Health Foundation. 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

## POLICY

The Adena Volunteer Advisory Council, Women's Board and the Board of Directors of Adena Health Foundation annually set aside funds to support healthcare scholarships. Scholarship recipients are selected by a committee or committees consisting of members of the Volunteer Advisory Council, 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. 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 are 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.

## **THE SCHOLARSHIP REVIEW PROCESS**

Applications are first reviewed for completeness and eligibility. Applications that pass the first review are evaluated by the committee; whereas, applications that do not pass the first review are not considered. The committee takes into consideration academic performance, community and school involvement, and the quality of the application and attention to detail. Every applicant will be notified of the results via U.S. mail or email. Applicants selected for scholarship awards and *two* guests will be invited to the Scholarship Awards Banquet to honor their achievement. The Banquet will be held in July at PACCAR Medical Education Center, located on the Adena Regional Medical Center campus.

## **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 INFORMATION AND PROCEDURE

1. Scholarship applications are available in March/April of each year and can be accessed and downloaded from the Adena Health System website [www.adena.org/foundation](http://www.adena.org/foundation). Applications are also available from Adena Health Foundation, 9 South Paint Street, Chillicothe, OH 45601 or by calling the Foundation office at (740) 779-7774. 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. The application timeline is as follows:
  - March 20 Applications available.
  - May 20 Applications *MUST* be received at the Adena Health Foundation no later than 4:00 p.m., Monday, May 20, 2019 at 9 South Paint Street, Chillicothe, Ohio 45601, or postmarked on or before this date.
  - June 3-17 Applications reviewed and award/denial letters mailed.
  - July 11 Scholarship Awards Ceremony and Banquet 5:30 - 7:30 p.m.
3. Applications are available for the fields of study listed below. Please note special eligibility criteria pertaining to each field of study.

**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.

**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.

4. Only complete, on-time and eligible applications will be considered. Completed applications must include the following items in this order:
  - a. **Application:** The completed typed or printed application form must 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. References from relatives will not be accepted.
  - 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.
5. Information concerning each applicant will be made available for review to all Scholarship Committee members.
  6. Scholarship award funds will be paid directly to the school at the beginning of the school year unless other arrangements have been made with the school. Recipients must maintain a 3.3 or greater GPA.
  7. Scholarship recipients 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.
  8. Applications MUST be received at the Adena Health Foundation, 9 South Paint Street, Chillicothe, Ohio 45601 no later than 4:00 p.m., May 20, 2019, or postmarked on or before this date. 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 put on hold until proof is received.

## **Requirements and Expectations of Scholarship Recipients**

- a. Prior to July 1<sup>st</sup>, recipients must notify Adena Health Foundation which school they plan to attend if they have applied to more than one.
- b. Recipients are asked to 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.
- c. Recipients are expected to represent themselves with integrity and dignity, to do well in school, to graduate and to practice their professions faithfully.
- d. Recipients are asked to first consider Adena Health System as your employer of choice.
- e. Recipients are asked to begin giving to the Scholarship Fund at such time in the future as you are able.

**DO NOT INCLUDE THIS AND ABOVE PAGES WHEN SUBMITTING YOUR APPLICATION.**



# ADENA HEALTH FOUNDATION HEALTHCARE SCHOLARSHIPS 2019 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 Foundation no later than 4:00 p.m., Thursday, May 20, 2019, 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 \_\_\_\_\_

Have you previously applied for **and** received a scholarship from Adena Health Foundation?

YES  NO

If yes, letters of recommendation are not required.

If you answered yes to the above question, 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?

---

Upcoming College Level? (Check one)

\_\_\_ Freshman    \_\_\_ Sophomore    \_\_\_ Junior    \_\_\_ Senior    \_\_\_ Graduate Student

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 Employed

---

---

---

---



## 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 any 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. References from a relative will not be accepted.

**You must also include with this application, an official grade transcript from your most recent school. Alternatively, a transcript from the school can be emailed to Robin Barnes at [rkbarnes@adena.org](mailto:rkbarnes@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 no later than 4:00 p.m., May 20, 2019, or postmarked on or before this date. Mail or deliver to Adena Health Foundation, 9 South Paint Street, Chillicothe, Ohio 45601.

For more information or questions call Robin Barnes at 740-779-7774.