



**Longview Regional
Medical Center
Volunteer Auxiliary**

TO: High School Counselor

FROM: Janice Benton
LRMC Auxiliary Scholarship Chairman

DATE: January 3, 2019

Please make copies and distribute the enclosed scholarship applications to the senior students at your school.

Interested students need to complete and **return the application by April 5, 2019** to the LRMC Auxiliary Scholarship committee.

Do not hesitate to call me at 903-759-9664 (home) or 903- 235-3263 (cell) if you have any questions. Please **DO NOT** call the hospital or auxiliary office. You may also e-mail me. benton@cablelynx.com

Regards,

Janice Benton

Janice Benton
LRMC Auxiliary Scholarship Committee



Longview Regional

MEDICAL CENTER

LRMC AUXILIARY SCHOLARSHIP APPLICATION REQUIREMENT

The Longview Regional Medical Center Scholarship Fund was established for the purpose of providing financial assistance to eligible high school students who (1) are pursuing a career in a medically related field of study and (2) can demonstrate a need for financial assistance.

ALL APPLICANTS MUST:

- Complete and submit application, including
 1. High School transcript attesting a 3.0 GPA
 2. Certified copy of ACT or SAT Scores
 3. Personal biography
 4. Three personal references **returned in separate envelopes by person writing the reference.**
 - two school related and one community related
 - include address and phone numbers
 - no family members
 5. Enroll in a minimum of 12 hours per semester
 6. Submit application postmarked on or before due date of April 5, 2019

SCHOLARSHIP AWARDS:

Scholarships are awarded in the amount of \$1000 per consecutive semester up to a maximum of two semesters. **The student must maintain a 3.0 grade point average each of the two consecutive semesters and remain in the medical field.** Upon notification from the college that the student is registered with a minimum of 12 hours and with a copy of grades from the previous semester, a check for \$1000 will be sent directly to the college/university to be applied to the account of the recipient.

WHO:

1. Student must be a graduate of a public school, private school or home schooled in the Longview area.
2. Will enter their freshman year of college in the fall of 2019 at an accredited educational institution.
3. All seniors who will be studying for a career in a health-care profession may apply. This would include nurses, pharmacists, radiology technicians, dietitians, physicians, physician assistants, nurse practitioners, paramedics, etc. and others as approved by the scholarship committee. Pre-medical or equivalent biology-based preparatory programs would be accepted.
4. Student must demonstrate a high level of academic achievement in science and related areas.
5. Must use the scholarship for attendance at a fully accredited university, college, or junior college in Texas, Oklahoma, Arkansas or Louisiana.
6. Scholarship funds may be used for tuition, books and instructional materials.
7. Must be a person of outstanding character and citizenship in the community and school.

JUDGING CRITERIA:

1. Financial need 30%
Academics 50%
Extenuating circumstances 20% (such as family's medical expenses or tuition expenses, or if either parent has been recently unemployed).
2. Transcript with a 3.0 Grade Point Average and SAT or ACT Scores
3. Completion and submission of entire application process prior to the deadline.
4. Commitment to a medically related field.

If deemed necessary by the scholarship committee, interviews may be conducted. Upon selection for a scholarship, the recipients will be notified by mail of their award. The funds will be sent directly to the education institution to be applied toward tuition, fees or books for the exclusive benefit of the scholarship recipient.

FORFEITURE – The award will be directed to the educational institution on behalf of the recipient. In the event a selected student fails to enroll in the fall after spring high school graduation, the scholarship shall be forfeited. Forfeiture may be waived for an additional 4 months upon student request, showing an extreme hardship and/or unusual circumstances beyond the control of the student, and approval of the Auxiliary Scholarship Committee.

RIGHT TO WITHDRAW - In the event that after selection as a scholarship recipient and prior to payment of the scholarship funds to the institution of higher education, verifiable information is received by the Auxiliary Scholarship Committee indicating that information provided in the student's application was fraudulent or materially incorrect or in the event the recipient fails to graduate with his/her class or the Scholarship Committee receives verifiable information of conduct on the part of the recipient that brings into question the character and good citizenship of the applicant, the scholarship may be withdrawn upon vote of the Scholarship Committee. Decision of the committee is final.

TIME SCHEDULE:

1. January 4 Applications available at the Information Desk-- LRMC
Applications mailed to High Schools
2. April 5 Deadline for receiving applications
3. April 25 Notification of recipients by letter

MAIL COMPLETED APPLICATIONS TO:

LRMC Auxiliary Scholarship Committee

Attn: Janice Benton

P.O. Box 14000

Longview, Texas 75607-4000

Call Mrs. Benton at 903-759-9664 (home) or 903-235-3263 (cell) with any questions.

e-mail: benton@cablelynx.com

Longview Regional Medical Center

AUXILIARY SCHOLARSHIP APPLICATION

1. Name _____
Last First Middle

2. Mailing Address _____
Street City/State/Zip

3. Birthday _____ Phone Number _____

5. Full names of parents _____

6. Home address of parents _____

7. Persons living in your home:

Father _____ Brothers _____

Give ages of each

Mother _____ Sisters _____

Give ages of each

8. How many of your brothers and/or sisters, if any, are now in college? _____

9. Employment (List any jobs, indicating dates, full or part-time):

Employer	Job Description	Dates	Full/Part-time
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. In what college or university do you wish to enroll?

First choice _____

Second choice _____

At which school(s) have you been accepted? _____

11. What special recognition have you received for outstanding school work such as honors, citations, etc? _____

12. List activities you have engaged in during your years in high school. Include organized out of school activities (church, synagogue, community service, etc.) You may attach this information on an additional sheet.

Activity

Years

Honors/Offices Held

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Grade Point Average _____ SAT/ACT Score _____ Class Rank _____ of _____

14. Name of High School _____

Please indicate the **combined** income level of your household. **Please note if both parents are employed, or if one is disabled.** Indicate in biography your parents' obligations if parents are not able to help with tuition.

_____ Under 20,000	_____ \$41,000 - \$50,000	_____ \$71,000 - \$80,000
_____ \$20,000 - \$30,000	_____ \$51,000 - \$60,000	_____ \$81,000 - \$90,000
_____ \$31,000 - \$40,000	_____ \$61,000 - \$70,000	_____ over \$90,000

I am applying for this scholarship to seek a degree in the field of medicine. My degree plan will be in _____. I promise to use these funds for this purpose only.

I hereby certify that the statements herein are true and correct to the best of my knowledge. I have enclosed a copy of the following documents: (I understand that if any of these documents are missing, my application will not be processed.)

- A. Application
- B. High School Transcript showing Grade Point Average
- C. ACT or SAT Scores
- D. Personal Biography
- E. Three Personal References – **returned in separate envelopes by persons writing the reference.**

They should include 2 school, 1 community, and no family.

Completed and returned to committee by **April 5, 2019.**

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

LONGVIEW REGIONAL MEDICAL CENTER AUXILIARY

Scholarship Reference Form -- **DEADLINE APRIL 5**

The applicant should complete the first three items.
Include at least one present or former teacher.
Do not include relatives.

Name of Applicant _____

High school attending _____

Anticipated medical field area _____

How long and in what capacity have you known the applicant? _____

Please rate the applicant on the following characteristics:

	Excellent	Above Average	Average	Below Average	Poor
Likelihood for academic success	_____	_____	_____	_____	_____
Motivation for a career in medical field	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Ability to cooperate with others	_____	_____	_____	_____	_____
Ethical and moral character	_____	_____	_____	_____	_____

Other Comments (Attach additional sheets, if needed.)

Signature

Date

This information will be kept confidential. Thank you for your assistance.

Please mail directly to:
Longview Regional Auxiliary Scholarship Committee
Attn: Janice Benton
P.O. Box 14000
Longview, Texas 75607-4000

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Dependability	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Ability to cooperate with others	_____	_____	_____	_____	_____
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Leadership	_____	_____	_____	_____	_____
Ability to cooperate with others	_____	_____	_____	_____	_____
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