

Methodist Dallas Medical Center Auxiliary Scholarship Program

Rules and Procedures to apply for
Lela Putnum-Glover Nursing Scholarship Fund
Lillian Wesson Health Careers Scholarship Fund

1. Scholarship recipient must be a resident of the Dallas/Fort Worth Metroplex.
2. Scholarship applications for the fall semester must be received by March 15. Scholarship applications for the spring semester must be received by October 15.
3. Scholarship applications will be considered and approved by the Methodist Dallas Medical Center Auxiliary Scholarship Committee members. At least two (2) \$500 Nursing scholarships & two (2) \$500 Health Career scholarships are available each semester.
4. Scholarship fund must be paid to the nursing school, college, or educational institution.
5. Scholarship recipients, after receiving the first scholarship, may only receive one additional scholarship

Please address envelope to:

Methodist Dallas Medical Center Gift Shop
Attn: Sylvia Wayne, Scholarship Committee Chairperson
1441 N. Beckley Avenue
Dallas, TX 75203

If hand delivered, please take to the Auxiliary Gift Shop located in the Schenkel Tower Lobby, 1st floor.

If you have any questions or concerns, please contact Sylvia Wayne, Scholarship Committee Chairperson, at 202-924-6362.

METHODIST DALLAS MEDICAL CENTER AUXILIARY
1441 N. Beckley Ave.
Dallas, Texas 75203

NURSING AND HEALTH CAREER
SCHOLARSHIP APPLICATION

PLEASE NOTE: Students applying for our scholarship must be currently enrolled in or accepted in a post secondary medical or medically related program at an accredited school, college, or university.

FIRST NAME _____ LAST _____ SSN _____

DATE OF BIRTH _____ PHONE (HOME) _____ CELL) _____

MAILING ADDRESS _____ CITY _____

ZIP CODE _____ E-MAIL ADDRESS _____

MARITAL STATUS: SINGLE _____ MARRIED _____ TX RESIDENT? _____ HOW LONG? _____

NUMBER OF DEPENDENT CHILDREN _____

IF EMPLOYED, STATE WHERE _____ POSITION _____

SCHOOL, COLLEGE, OR UNIVERSITY IN WHICH YOU ARE CURRENTLY ENROLLED OR HAVE BEEN

ACCEPTED _____

THE MEDICAL PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED OR HAVE BEEN

ACCEPTED _____

WHAT EXPERIENCE HAVE YOU HAD IN MEDICALLY RELATED PROFESSIONS? _____

AFTER COMPLETION OF YOUR DEGREE, WHAT ARE YOUR FUTURE PLANS? _____

MAY WE ANNOUNCE ANY SCHOLARSHIP YOU MAY BE AWARDED TO THE MEDIA? _____

PLEASE NOTE: BEFORE THIS APPLICATION CAN BE CONSIDERED, THE SCHOLARSHIP COMMITTEE MUST HAVE A COMPLETED APPLICATION INCLUDING THE FOLLOWING:

- 1. A LETTER OF ACCEPTANCE FROM THE SCHOOL, COLLEGE, OR UNIVERSITY AT WHICH YOU ARE CURRENTLY ENROLLED OR HAVE BEEN ACCEPTED**
- 2. A CERTIFIED, CUMULATIVE TRANSCRIPT WITH A GPA OF 3.0 OR HIGHER**
- 3. A ONE-PAGE STATEMENT SUPPORTING YOUR NEED FOR FINANCIAL HELP**
- 4. THREE (3) LETTERS OF REFERENCE - (Professional, Academic, Personal) No Relatives**
- 5. APPLICATION FOR FALL SEMESTER DEADLINE IS MARCH 15; SPRING SEMESTER DEADLINE IS OCTOBER 15**
- 6. MAIL TO ABOVE ADDRESS OR TAKE TO METHODIST DALLAS MEDICAL CENTER Auxiliary GIFT SHOP**

FINANCIAL INFORMATION

DO YOU RECEIVE FINANCIAL ASSISTANCE FROM PARENTS? _____ WHAT AMOUNT? _____

WHAT IS THEIR YEARLY COMBINED GROSS INCOME? _____

ARE THERE OTHER DEPENDANTS? _____ HOW MANY? _____ WHAT AGES? _____

IF MARRIED, LIST SPOUSE'S NAME _____

SPOUSE'S EMPLOYER _____

WHAT IS YOUR YEARLY GROSS INCOME? _____ YOUR SPOUSES? _____

IS THERE ANY OTHER HOUSEHOLD INCOME? _____

WILL YOU BE WORKING PART TIME WHEN ATTENDING SCHOOL?

IF SO, STATE WHERE AND HOW MUCH YOU EXPECT TO EARN _____

ARE YOU RECEIVING ANY OTHER AID? _____ AMOUNT? _____ FROM WHOM? _____

HAVE YOU APPLIED FOR AID FROM OTHER SOURCES? _____ FROM WHOM? _____

ARE YOU ELIGIBLE FOR A PELL GRANT OR ANY OTHER SCHOLARSHIPS? Circle Yes or No

If YES, PLEASE LIST: _____

I PLEDGE THAT THE ABOVE STATEMENTS ARE ABSOLUTELY TRUE.

SIGNATURE: _____

DATE: _____