

2016 Searcy Family Health Professions Scholarship APPLICATION

First Name _____ Last Name _____

Mailing Address _____

City _____ ST _____ Zip Code _____

Daytime Phone _____ Mobile _____ Home Phone _____

Seton E-mail _____ Personal E-mail _____

Employment status, check one:

- Full-time Seton associate employed since August 2015
- Part-time Seton associate employed since August 2015
- Completing clinical training at SMCH
- PRN Seton associate with at least 288 hours worked since August 2015

College Currently Attending, Accepted to, or Graduated from:

If graduated, what year?

- University of Texas System* _____
(Name of UT-System School)
- Austin Community College* _____
- Texas State University* _____

** must have graduated from or be attending one of the schools listed above*

If graduated, what school presently attending? _____

Degree sought:

- ADN - Associate's Degree
- BSN - Bachelor's Degree
- MSN - Master's of Science Degree
- PhD, DNP, DNS - Doctoral Degree

Current Cumulative Grade Point Average (must be 2.5 or higher) _____

Expected date of graduation _____

Healthcare Specialty sought _____

How did you learn about the scholarship program? _____

Have you applied for **or** received other scholarships and/or financial aid? Yes No

Source _____ Amount _____

When will you receive these funds? _____

Source _____ Amount _____

When will you receive these funds? _____

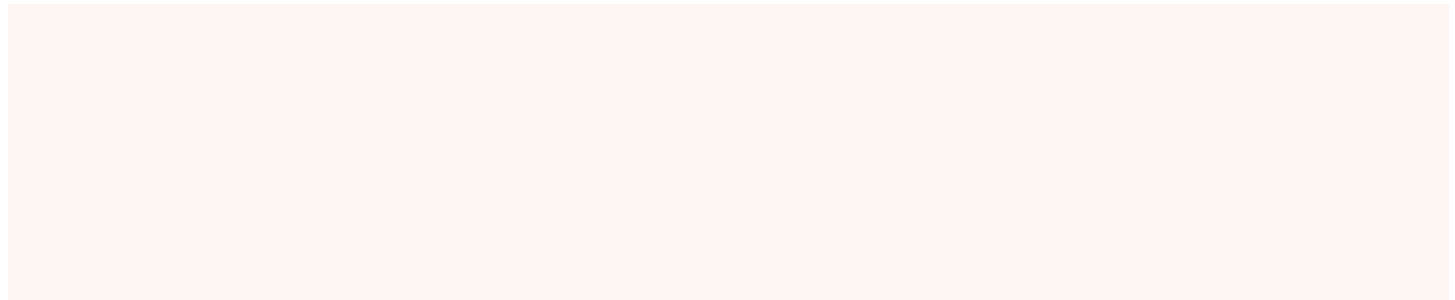
ABOUT YOU

Your responses to the questions below weigh heavily in the final decision process of our Scholarship Selection Committee. Please take time to ensure that your responses are thoughtful, and that attention is paid to grammar, punctuation and spelling. **In 100 words or less, please answer the following questions:**

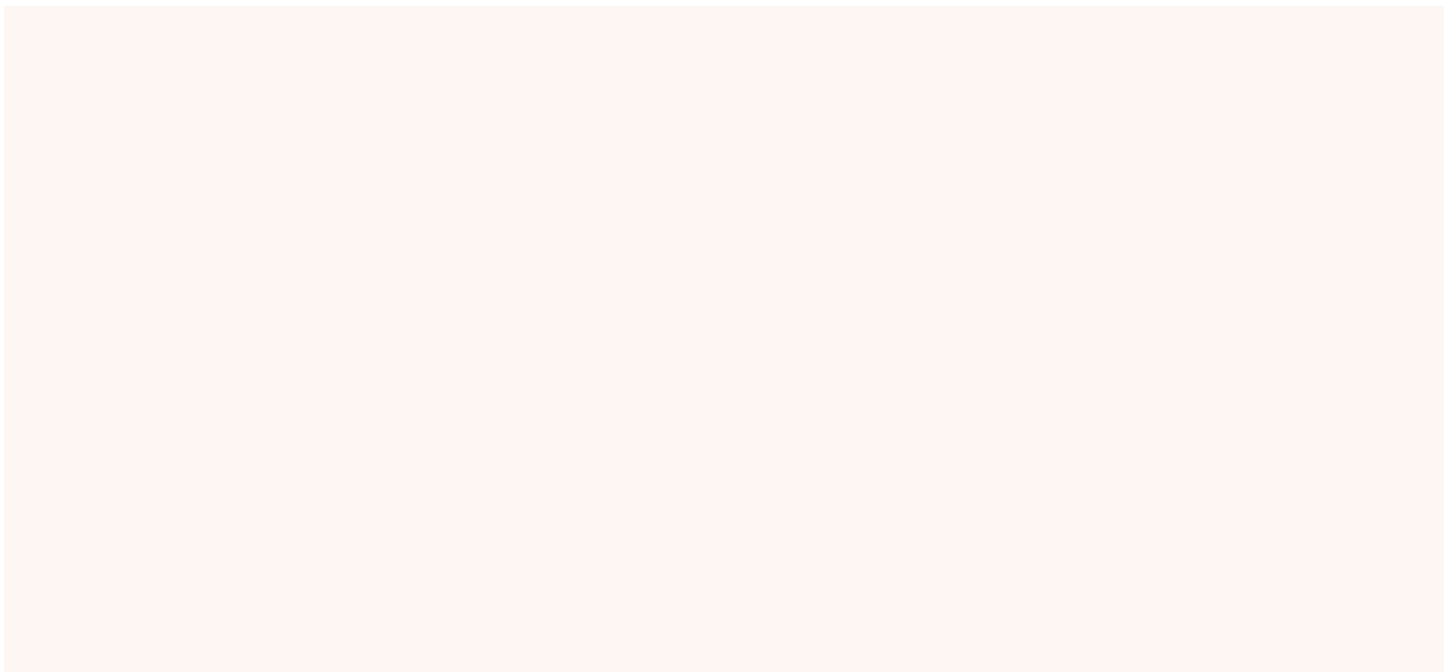
What about your life shows commitment to **Seton's Mission and Values**?

A large, empty rectangular text box with a light beige background, intended for the user to write their response to the question about their commitment to Seton's Mission and Values.

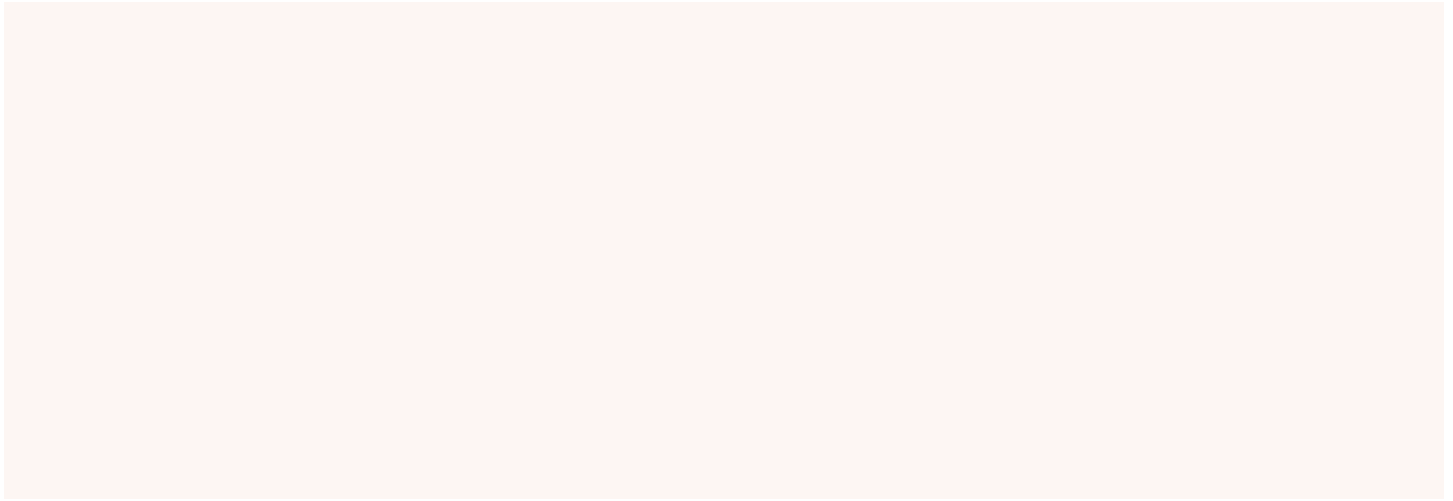
When did/will you start your health professions program?

A large, empty rectangular text box with a light beige background, intended for the user to write their response to the question about when they will start their health professions program.

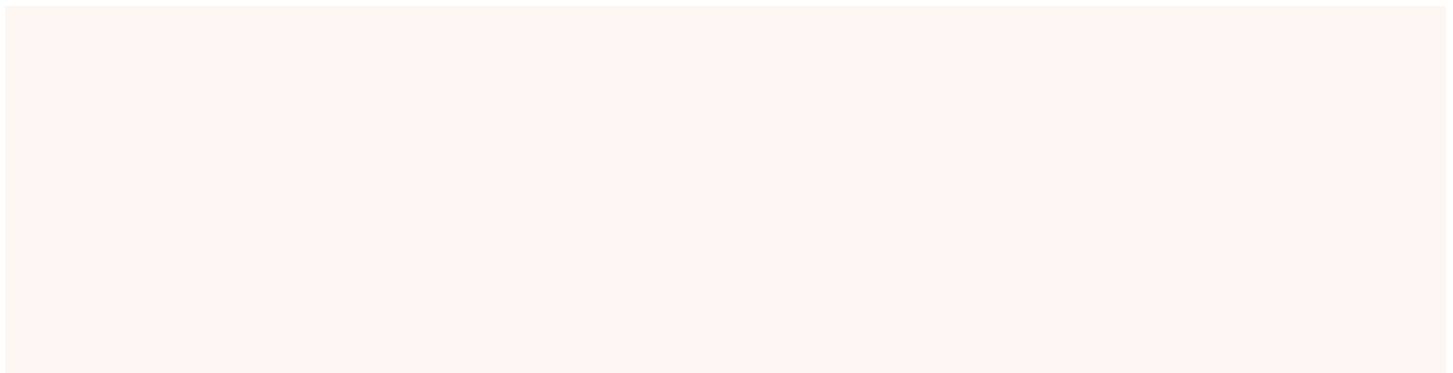
What are your past achievements and future goals?

A large, empty rectangular text box with a light beige background, intended for the user to write their response to the question about their past achievements and future goals.

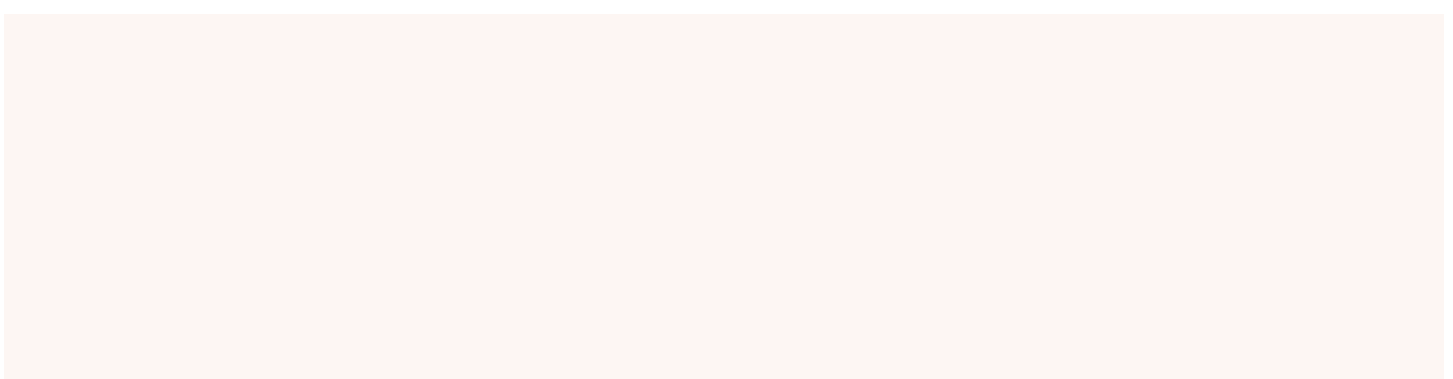
What led you to enter into the field of healthcare?



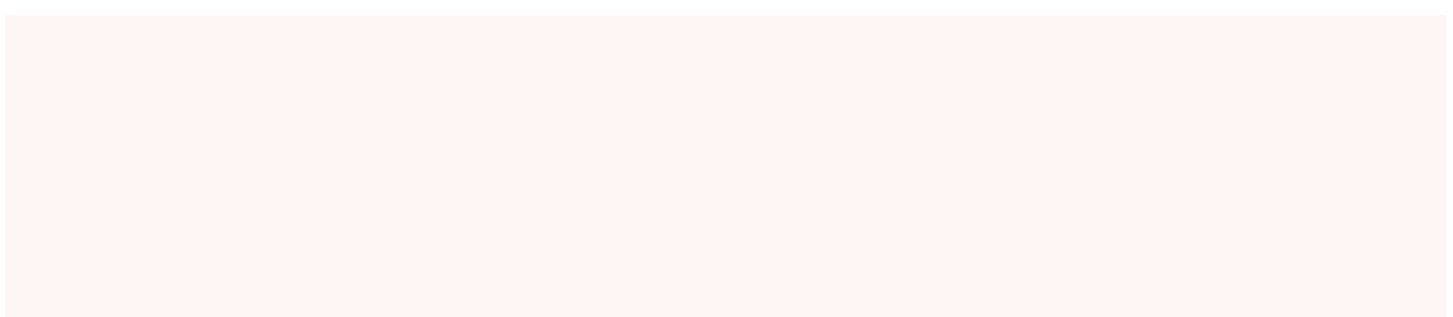
What are your current financial needs?



How will the scholarship help support your professional goals?



Why should you be selected for a scholarship?



How long have you worked for the Seton Healthcare Family?

Blank text area for response.

How long do you plan to stay with the Seton Healthcare Family?

Blank text area for response.

How do you plan to apply your course of study to your work at the Seton Healthcare Family?

Blank text area for response.

**SETON WORK/VOLUNTEER HISTORY OVER THE PAST TWO YEARS
(begin with current/most recent position):**

Unit/Department _____

Position _____

Start Date _____ End Date _____

Unit/Department _____

Position _____

Start Date _____ End Date _____

Unit/Department _____

Position _____

Start Date _____ End Date _____

Unit/Department _____

Position _____

Start Date _____ End Date _____

If you have been with Seton fewer than two years, please list your previous employment in the past two years—(begin with most recent position):

Employer _____

Position _____

Start Date _____ End Date _____

Employer _____

Position _____

Start Date _____ End Date _____

Employer _____

Position _____

Start Date _____ End Date _____

Employer _____

Position _____

Start Date _____ End Date _____

Please list your:

Current certification(s) _____

Current license(s) _____

Current student status (include hours per semester) _____

Volunteer and/or unit activities you have participated in over the last 12 months

Civic/professional organizations you have been a member of over the past 12 months

Verification of Submitted Information

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I intend to continue employment at Seton Healthcare Family.

NAME _____ DATE _____

**Please send completed application via email
attachment to dwaggoner@seton.org
by no later than 3pm, October 17, 2016.**

All application information will be kept confidential among the members of the Searcy Family Health Professions Selection Committee and the teams that administer and support the Searcy Family Health Professions Scholarship Application program.