Mended Hearts Allied Health Professional Scholarship

*In Honor of Gene L. McDonald*

“*Education is the key to the Future*”

**Application Deadline: June 26, 2020**

Mended Hearts Y-Bridge Chapter #51 is pleased to award a $1,000.00 Scholarship to an entering freshman or upperclassman student who shows superior academic achievements, significant extra-curricular activities, community volunteer service and exhibits a financial need. The Scholarship will be distributed in two installments of $500.00. The second installment will be given when the recipient submits a transcript of current First Quarter Grades that meets the approval of the Mended Hearts Scholarship Committee.

**INSTRUCTIONS TO APPLICANT**

1. This application has been prepared as a means of obtaining necessary information regarding the applicant, and the applicant is required to give all information requested. Read the contents carefully and understand each question and all information requested.

2. **No consideration will be given to carelessly prepared or incomplete applications.**

3. **Every question and statement must be answered and submitted.** Do not answer any question with a check mark. If answer is “none” or “not applicable”, it should be so stated. If spaces are inadequate for answers, use a separate sheet.

4. Answers must be legible.

5. In order to be considered, the applicant must meet the following requirements:
   a. Applicant must be a permanent resident of a south eastern Ohio county.
   b. Applicant must enroll or be enrolled in a program of health care related studies in an accredited school within the state of Ohio.
   c. A record of evidence of satisfactory scholastic or school grades, ability, ambition, and desire for continuance of education shall be submitted.
   d. Applicant must write a letter not to exceed 500 words on how this scholarship will be beneficial in furthering their educational objectives. The letter must be handwritten or typed.
e. Return the completed application with other required data and requested information to:
   Chair, The Scholarship Committee
   Robert C. La Prad
   1160 Bam Lane
   Zanesville, OH 43701

The application must be postmarked no later than June 26, 2020.

f. Have the following mailed directly to the Mended Hearts Scholarship Committee and
   - Three reference letters or completed forms enclosed, one of which must be
     completed by a teacher, one by school administration personnel, and one by a
     member of the community not associated with the school.
   - An up-to-date transcript of your high school and college transcript record.
     Transcripts must be mailed directly to the Mended Hearts Scholarship Committee
     from the appropriate institution.
   - ACT, SAT or other appropriate college entrance exam scores submitted by every
     applicant whether he/she be in high school or college. (Most high schools,
     colleges, trade schools, etc. have these scores in their files. If so, request that they
     forward these scores, along with your most current transcript. If not, it is the
     responsibility of the applicant to have these scores forwarded directly from the
     testing agency.)

6. Recipients of the Y-Bridge Chapter #51 Scholarship must not have a criminal record which
   would interfere with obtaining a license, nor any other academic or social probation.

7. Applicants shall agree that the use of the scholarship shall be predicated on enrollment or
   continuance of education in a health care field of study, in a recognized and/or a credited
   school such as college, university, trade school, business college or as may be acceptable to
   the Mended Hearts Scholarship Committee. The approved fund may be used for such purpose
   as tuition fees, books and student supplies, rather than for room, board, cloths, and living
   expenses, unless otherwise determined by the Committee. The use of the funds will be
   monitored by the Mended Hearts Scholarship Committee. Any unused approved funds will be
   returned to the Y-Bridge Chapter #51 for deposit in the Education Fund.

8. Applications that are lost in the mail are not the responsibility of the Mended Hearts
   Scholarship Committee. To avoid this possibility, applicants may wish to use registered mail
   or certified mail.

NOTE: The Mended Hearts Scholarship Committee may establish reasonable and operable procedures and qualifications for
determining the selection of the recipient of the scholarship from the Education Fund, provided they are not in conflict with criteria or
guidelines herein stated. The decision of the Mended Hearts Scholarship Committee is final.
MENDED HEARTS SCHOLARSHIP APPLICATION

(To be completed by Applicant)

Application Deadline: June 26, 2020

Name:________________________________________________________________________

Home Address:_________________________________________________________________
(Number, Street, City, State, Zip)

Home Telephone #:____________________________________________________________

Current Address:________________________________________________________________
(Number, Street, City, State, Zip)

Cell Phone #:_______________________________________________________________

Email Address:__________________________________________________________________

Name of high school, preparatory school, college/university, etc. you have attended or in
which you are now enrolled:

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I, _________________________________________________hereby apply for a Scholarship to
enable me to (obtain/continue) my education at:

______________________________________________________________________________
(Name College, University, Trade School)

Class standing: (Freshman, Sophomore, Junior, Senior):______________________________

______________________________________________________________________________

Explain your financial need:_______________________________________________________

______________________________________________________________________________
Please complete the following (continue on the back page, if needed):

Honors Received:  
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Professional Societies:  
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Clubs or Fraternities:  
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Extracurricular Activities:  
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Hobbies:  
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signature: ___________________________  Date: ___________________________
MENDED HEARTS Y-BRIDGE CHAPTER #51

ALLIED HEALTH PROFESSIONAL Scholarship

Name of Applicant:___________________________________________________

Application, Recommendation, etc.

Send to:

Robert C. La Prad, Chair

Mended Hearts Scholarship Committee

1160 Bam Lane

Zanesville, OH 43701

Completed application and/or correspondence should be postmarked no later than June 26, 2020:

Pertaining to Applicant:

1. I have known_______________________________________ for______________years.
2. I believe the applicant’s scholarship ability to be:
   Fair_______ Average_______ Good _______ Excellent_______ Superior_______
3. I believe the applicant’s dedication to study to be:
   Fair_______ Average_______ Good _______ Excellent_______ Superior_______
4. I would________ would not________ recommend the applicant for a scholarship because_________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

Pertaining to Individual Providing Recommendation:

My profession is:__________________________________________________________

I am associated with:________________________________________________________

Print Your Name: ___________________________________________________________

Telephone Number:______________________ Signature:____________________________