



2017 SCHOLARSHIP APPLICATION

PURPOSE

The OGHS Foundation is concerned that the educational opportunities for individuals interested in healthcare may not be realized due to financial constraints. The purpose of this scholarship is to encourage deserving applicants to pursue healthcare related studies and to encourage these individuals to seek employment within St. Landry Parish upon graduation.

CRITERIA

Scholarships will be awarded based on academic background, maturity of the applicant, financial status, the availability of resources and funding, your chosen medical career and the needs of Opelousas General Health System. All applicants must be current residents of St. Landry Parish. **If you are currently receiving or are eligible for a TOPS Scholarship, you would not qualify for this scholarship as it only pays for tuition assistance as TOPS does.**

AWARD

Scholarship amounts will be determined by the aforementioned criteria and may be used to further education in medical fields such as nursing, respiratory therapy, medical technology, medical records, medical office assistant, patient care technician and other healthcare related fields as approved by the scholarship committee. Scholarship amounts may include partial or full payment of tuition to Louisiana State University at Eunice (LSUE), Louisiana State University at Alexandria (LSUA), University of Louisiana at Lafayette (ULL), Southern University, or South Louisiana Community College-TH Harris and Lafayette campuses only. Student fees, books and other costs will not be reimbursed. Scholarship funds will be paid directly to the educational institution.

PROCESS

Application forms must be submitted with a photo of applicant (at least a 4 x 6), two letters of recommendation, original high school transcript/GED and original post-secondary transcript (college) if applicable. All documents, including application, should be **submitted to the Foundation Office** by mail postmarked no later than April 3, **2017**. Applications may be mailed to the following address: Post Office Box 1389, Opelousas, LA 70571. All applications will be considered without regard to race, sex, national origin, age, physical or mental impairment or veteran status. Applications will be reviewed by the Scholarship Selection Committee and the top candidates will be called for interviews with the committee. The final decision will be made and approved by the OGHS Foundation Board of Directors and is not subject to appeal. Scholarships will be awarded in May. If you have additional questions, please feel free to call the Foundation Office at 337-594-3930.

INSTRUCTIONS: Please fill out the **ENTIRE** application. Do **NOT** leave anything blank. Any application with sections that are left blank will be considered **INCOMPLETE** and will not be reviewed.

APPLICANT INFORMATION

Last Name _____ First Name _____ MI _____

Nick Name/Name You Go By _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____

Date of Birth _____ Social Security # _____

Please check the school planning to attend:

LSUE Southern SLCC- TH Harris Campus

LSUA ULL SLCC- Lafayette Campus

Planned Major: _____

Most recent ACT Score (if applicable) _____

Are you a current resident of St. Landry Parish? (Please check box) Yes No

EDUCATIONAL HISTORY

Along with this application, you must submit an original official transcript for each secondary and post-secondary academic institution attended. If you have a GED, include the original transcript with signature.

Check the highest grade completed: 7th 8th 9th 10th 11th 12th

College: 1 yr 2yr 3yr 4yr

MOST RECENT SCHOOL

School's Name _____

Address _____

City _____ State _____ Zip Code _____

Dates Attended:

From: _____ To: _____ GPA: _____ *Did you graduate?* Yes No

Degree Received: _____

HIGH SCHOOL (if not already listed under Most Recent School)

School's Name _____

Address _____

City _____ State _____ Zip Code _____

Did you graduate? Yes No GPA: _____ Graduation Date _____

PROGRAM ENROLLMENT INFORMATION

This entire section must be completed.

This section is to be completed and signed by a representative of the program you will be attending.

Name of Program Enrolled In _____

Institution's Name _____

Address _____

City _____ State _____ Zip Code _____

Name of Contact Person _____ Title _____

Phone # of Contact Person _____ Academic Year Applied For _____

Program Start Date _____ Current Year in Program _____ Projected Graduation Date _____

Estimated Tuition per Year _____ Estimated Tuition per Semester _____

Signature of School Representative _____ Date _____

SCHOOL COST ESTIMATION

This entire section must be completed.

Please estimate as best you can for each category.

ESTIMATED INCOME/ASSISTANCE RECEIVING

Current Savings _____

Expected Employment Earnings _____

Income from Other Sources _____
(i.e., gifts, other scholarships, student loans, etc.)

Parental Contributions _____

Total Estimated Income _____

ESTIMATED EXPENDITURES

Yearly Tuition _____

Yearly Fees _____

Expected Expense for Books _____

Living Expenses expected to pay out of income _____

Total Estimated Expenses _____

Are you currently receiving or are you eligible to receive a federal grant? (check one) Yes No

If so, how much? _____ Which grant? _____

Do you currently receive a TOPS Scholarship? (check one) Yes No

Do you expect to be eligible for a TOPS Scholarship? (check one) Yes No

If not, why not? _____

EMPLOYMENT HISTORY

If additional space is needed, please attach a separate sheet with information.

If you have never been employed, please indicate that below.

Most Recent Job First

Company Name #1 _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Type of Business _____ Type of Work _____

Dates Employed _____ to _____ Reason for Leaving _____

Company Name #2 _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Type of Business _____ Type of Work _____

Dates Employed _____ to _____ Reason for Leaving _____

PROFESSIONAL LICENSES/CERTIFICATES

Do you currently have a professional license or certification? (check one) Yes ___ No ___

If so, list type of license/certification _____

If you do have a current professional license/certificate, has your license ever been suspended or revoked?

___ Yes ___ No

What certification, licensure, or degree will you be eligible for upon completion of the program?

ADDITIONAL QUESTIONS

This entire section must be completed.

Why are you interested in a career in health care?

What do you see as the greatest challenges to providing high-quality healthcare in St. Landry Parish?

Please state any other information that you believe would be helpful to the Scholarship Selection Committee and the Foundation Board Members.

How did you hear about the OGHS Foundation Scholarship Fund?

APPLICANT'S CHECKLIST

All documents must be submitted in order to be considered for a scholarship.

- Completed application including all signatures is enclosed. ***Incomplete applications will not be accepted.***
- 4 x 6 Photo of Applicant
- Original high school transcript or GED
- Original post-secondary transcripts (i.e., colleges, universities, technical schools)
- Copies of any current professional licenses/certifications (if applicable)
- Two letters of recommendation in sealed envelopes

I certify that the answers given on this application are true and understand that false answers will disqualify me from consideration from the OGHS Foundation Scholarship. I authorize investigation of all statements in this application. I understand that submission of an application does not mean I will automatically receive a scholarship and that a committee and the OGHS Foundation Board of Directors will make the final decisions.

Printed Name of Applicant _____ Date _____

Signature of Applicant _____