CCMH Auxiliary Scholarship Application 2020

Scholarship Deadline

Friday, February 7th, 2020

Questions? EdAssist@martinhealth.org or April Dunham (772) 223.5945, ext. 14178

All applicants will be informed of his or her award status in writing. Letters will be mailed on or before April 3rd, 2020. Please allow a reasonable amount of time to receive this correspondence.
SCHOLARSHIP PROGRAM CHECK LIST

UTILIZE THIS CHECK LIST TO ENSURE THAT YOU HAVE SUBMITTED ALL DOCUMENTS REQUIRED FOR SCHOLARSHIP CONSIDERATION

◆ DO NOT STAPLE any of the pages; please use a paperclip
◆ Submit all items in the order (1-7) listed below
◆ Do not submit in a binder or other report cover
◆ Refer to the following instruction pages for specific information related to this checklist

1. ☐ Completed Application. (Only the application, not the instruction pages.)
2. ☐ Two letters of recommendation. Copies of the enclosed reference form may be used. Only two reference letters are required. If you already have current reference letters on another form or letterhead, you may submit those instead.
3. ☐ A typed essay (500 word minimum; 1,000 word maximum, double-spaced in 12-point font). Essay topic: “How will obtaining your degree impact your role in the clinical and/or business aspect of healthcare?” Applicants may be business or clinical students. Students studying prerequisites are eligible to apply. STUDENTS WHO HAVE APPLIED IN PAST YEARS MUST SUBMIT A NEW ESSAY FOR CONSIDERATION.
5. ☐ A copy of your driver’s license or state ID as proof of Martin or St. Lucie County residency.
6. ☐ If not a U.S. Citizen, please provide a copy of your Resident Alien card or status.
7. ☐ Copy of the most recent OFFICIAL transcript with state GPA. This requirement is non-negotiable; please plan accordingly to apply by the deadline. See specific guidelines on the following page.

Completed applications must be received on OR before 4pm, Friday, February 7th, 2020. This deadline is non-negotiable. This deadline is NOT a postmark date. Incomplete applications will not be considered.

Options for Submission:

- In Person: Cleveland Clinic Martin Health – Smithfield Human Resources
  2143 SE Ocean Blvd, Suite 2143
  Stuart, FL 34996

- Mail: Cleveland Clinic Martin Health - ATTN: April Dunham
  PO Box 9010
  Human Resources – 2143 SE Ocean Blvd
  Stuart, FL 34995-9010

- Email: EdAssist@martinhealth.org

- Fax: (772) 781-2751

Use this application for the 2020 MHS Auxiliary Scholarship award year. Other versions will not be accepted. Revised 10.09.19
SOURCE

- Cleveland Clinic Martin Health Scholarship Fund, established by the Hospital Board of Directors
- Cleveland Clinic Martin Health Auxiliary Scholarship Fund, provided by the Auxiliary

OBJECTIVES

Cleveland Clinic Martin Health, the Board of Trustees, Administration, and Auxiliary have demonstrated their interest and support for healthcare workforce development through implementation of a scholarship program. This scholarship is for undergraduate and health-related, and business related disciplines necessary for the delivery of quality health care to the citizens in the service area of CCMH.

ELIGIBILITY

1. Caregivers at Cleveland Clinic Martin Health with less than one (1) year of service will be included in the Auxiliary scholarship program.
2. Graduating seniors of Martin or St. Lucie County High Schools
3. Verifiable residents of Martin or St. Lucie County

Applications must be received on or before 4pm, Friday, February 7th, 2020. Completed applications should be sent to April Dunham – Human Resources.

By Mail:

Cleveland Clinic Martin Health
PO Box 9010
ATTN: April Dunham
Human Resources – 2143 SE Ocean Blvd
Stuart, FL 34995-9010

NO EXCEPTIONS! Applications not received by the deadline will not be considered.
NO EXCEPTIONS! Applications received by the deadline, but incomplete, (missing OFFICIAL transcripts, an essay submission, W-2, etc.), will not be considered.

The deadline date is NOT a postmark date. Transcripts and references should be sent to the applicant and then forwarded to April Dunham along with the completed application to ensure that all elements of the application are received. Transcripts MUST BE originals, certified by the school’s registrar. If transcripts are submitted by the applicant the transcripts must be envelope sealed by the school’s registrar. This is the preferred method; however, applicants may opt to have references and transcripts sent directly to April Dunham at the PO Box above. Transcripts MUST BE originals, certified by the school’s registrar.

Application must be a Cleveland Clinic Martin Health application. Other applications will be rejected.

Award Criteria

Scholarship awards are granted in the spring preceding enrollment. Review of the recipient’s progress within their programs may be conducted at any time. Awards are a one-time gift and recipients may reapply annually up to 4 times.
General Criteria

* The applicant must submit a completed application for scholarship on, or before 4pm, Friday, February 7th, 2020.
* An acceptance letter from the desired college program should accompany the Scholarship Application.
* A certified transcript from the educational institution is required. Transcripts should be sent to the applicant and then forwarded to April Dunham along with the completed application to ensure that all elements of the application are received. If transcripts are submitted by the applicant the transcripts must be envelope sealed by the school’s registrar. This is the preferred method; however, applicants may opt to have transcripts sent directly to Cleveland Clinic Martin Health; ATTN: April Dunham, PO Box 9010, Human Resources – 2143 SE Ocean Blvd; Stuart, FL 34995-9010

1. **Essay:** A typed essay (500 words minimum, 1,000 words maximum, double-spaced in 12-point font such as Calibri, Arial, or Times New Roman). Essay topic: “How will obtaining your degree impact your role in the clinical and/or business aspect of healthcare?” Applicants may be business or clinical students. Students studying prerequisites are eligible to apply. **STUDENTS WHO HAVE APPLIED IN PAST YEARS MUST SUBMIT A NEW ESSAY FOR CONSIDERATION.**

2. **Scholarship Ability:** Applicants are required to submit evidence of academic achievement as measured by Grade Point Average (GPA).
   a. High school seniors who will graduate in 2020 must demonstrate a **State GPA of 3.5** or higher, as verified by an official copy of the transcript from the high school registrar.
   b. Renewal applicants or college students applying for the first time must demonstrate a minimum **Institution GPA of 3.0** or higher, as verified by an official copy of the transcript from the college or university registrar.
   c. **Transcripts must be original and certified from the most recent educational institution.** Transcripts should be sent to the applicant and then forwarded to April Dunham along with the completed application to ensure that all elements of the application are received. If transcripts are submitted by the applicant the transcripts must be envelope sealed by the school’s registrar. This is the preferred method; however, applicants may opt to have transcripts sent directly to April Dunham, PO Box 9010, Human Resources – 2143 SE Ocean Blvd; Stuart, FL 34995-9010. **Copies, unofficial transcripts, or transcripts printed from the internet are unacceptable.** Deadlines WILL NOT be extended to those whose transcripts do not arrive on or before the deadline. There are no exceptions to this rule.
   d. Awards will not be given for graduate or advanced degrees.
   e. No recipient may receive more than four (4) scholarship awards.

3. **Financial Need:** Applicants are required to submit evidence of financial need. Financial statements must be submitted and will be maintained in confidence by the Cleveland Clinic Martin Health Scholarship Coordinator to meet this criterion. Such statements include:
   a. Copy of W-2 for 2019
   b. Married applicants must submit the W-2/tax return(s) that will show the combined household income.
   c. If another person claims you as a dependent, you must submit the W2 for the household **along with your own W2.**
   d. If you received unemployment compensation, state financial assistance, and/or disability income in 2019, and no income tax information is available, please submit documentation of the assistance received.
   e. Statement of extenuating/unusual circumstances relevant to the financial status of the applicant (such as other elderly dependents)

4. **Community Service:** The applicant’s record of community service is considered.

5. **Extracurricular Activities:** The applicant’s record of extracurricular activities, if applicable.
Obligations:
1. The Cleveland Clinic Martin Health scholarship coordinator may request grade reports at any time.
2. The recipient must notify the coordinator of any changes in status or personal information. This includes a change of address. All recipients must have a permanent address in Martin or St. Lucie Counties to remain eligible to receive funds. Proof of residency can be requested at any time.
3. A recipient awarded a scholarship gift is expected to attend the college of the student’s choice beginning with the following academic semester. If after accepting a scholarship award, the recipient finds that he or she is unable to use the gift for any reason, the Cleveland Clinic Martin Health Scholarship Committee respectfully requests the gift be returned to the scholarship fund for use by other students.
SECTION A: APPLICANT’S IDENTIFICATION INFORMATION

1. Name: __________________________________________________________________________

2. Permanent mailing address (mail will be sent to this address):
   Street address: ___________________________________________________________________
   City/State/Zip: __________________________________________________________________

3. Contact Phone Numbers: Home: _________________________ Cell: ______________________

4. Email address: _________________________________________________________________

5. Are you a U.S. Citizen? Yes ______ No ______ * If no, please provide a copy of your Resident Alien status

6. Marital Status:    [ ] S    [ ] M    [ ] D    [ ] W

7. Name of educational institution to which you have applied: __________________________

8. Have you been accepted into the institution/program?    Yes    No

9. What degree and program are you seeking admission to? _____________________________

10. When do you anticipate graduation from your program? (MM/YYYY) ________________

SECTION B: EMPLOYMENT

1. Are you currently employed?    Yes    No  (If No, go to question #5)

2. If yes, how many hours per week do you work? _______ hours

3. Name of employer(s): __________________________________________________________

4. How long have you been employed at your present job(s)? Years__________ Months_______

5. Do you plan to work while attending school?    Yes    No  (If No, go to question #7)

6. If Yes to #5, how many hours will you work? _____ Hours

7. Are you now, or have you ever, been a volunteer for Cleveland Clinic Martin Health?    Yes    No

8. Have you ever received a scholarship from CCMH/MHS in the past?    Yes    No
   If yes, list the year(s): __________, __________, __________
SECTION C: PARENTAL AND FAMILY INFORMATION

1. Does anyone claim you as a dependent? Yes No (If No, go to question #8)

2. Who classifies you as a dependent? __________________________________________

3. Are both of your parents living? Yes No

4. Parents’ Martial Status: ☐ S ☐ M ☐ D ☐ W

5. Parent 1’s occupation & employer: ____________________________________________

6. Parent 2’s occupation & employer: ____________________________________________

7. Number of family members currently living in your household: ________________
   (Include yourself, your parents, your parents’ other children and any other people if they are legally
   dependent upon your parents for support.)

8. Do you have legal dependents (other than spouse)? Yes No

9. If you have dependents other than a spouse, how many are in each of the following age groups:
   0-5 _____ 6-12 _____ 13+ _____ Elderly Parents ________

SECTION D: EDUCATIONAL BACKGROUND

1. High School: ____________________________________________

2. When will you or when did you graduate high school? (MM/YYYY) _________

3. List all high school academic honors/activities/clubs/etc., include dates:
   ________________________________________________________________
   ________________________________________________________________

4. List all colleges, technical or post-secondary schools that you have attended including dates. Begin with
   the college you attended most recently:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. List college academic honors/activities/clubs/etc.:
   ________________________________________________________________
   ________________________________________________________________
**SECTION E: COMMUNITY SERVICE**

List any volunteer organizations, community organizations or community service activities you have done in the past two years and the name of the person you report(ed) to: (i.e., PTA/school related activities/coaching, soup kitchen, heart/cancer walks, church related activities, etc.)

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<th>Organization &amp; event(s) participated in</th>
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**SECTION F: REFERENCES**

You may use the following forms, however if you already have current reference letters on another form or letterhead, you may submit those instead. *Only two reference letters are required.*

- If employed, submit one of the two required references from your immediate supervisor, and one from a non-related, responsible adult such as an academic advisor, or teacher.

- If not employed, submit two references from two responsible, non-related adults such as a community or church leader, teacher, academic advisor, or former employer.
CONFIDENTIAL REFERENCE FORM
THIS FORM MAY BE PHOTOCOPIED
Please complete all sections and return this form to the applicant or to:
Cleveland Clinic Martin Health
PO Box 9010; ATTN: April Dunham – Human Resources
2143 SE Ocean Blvd
Stuart, FL 34995-9010

SECTION A: To be completed by Applicant:

Dear ____________________________,

(Name of reference)

I am applying for aid from Cleveland Clinic Martin Health and The Cleveland Clinic Martin Health Auxiliary to further my career goals in the healthcare or business field. I have been accepted/applied for admission to __________________________ (college/university). I request that you please complete this form and return it to me, or the person listed above.

Name of Applicant (please print): __________________________

Applicant’s Signature: __________________________

SECTION B: To be completed by Reference

How long have you known the applicant? __________________________

In what capacity? __________________________

State your comments regarding the applicant below:

Rating of job/academic/extracurricular performance __________________________

Initiative __________________________

________________________________________________________________________________

How committed do you feel the applicant is to achieving his or her goals? __________________________

________________________________________________________________________________

Maturity and stability __________________________

Adaptability __________________________

Honesty and integrity __________________________

Comments __________________________

Reference Signature: __________________________

Address: __________________________

Phone#: __________________________ Email: __________________________

Use this application for the 2020 MHS Auxiliary Scholarship award year. Other versions will not be accepted. Revised 10.09.19
SECTION A: To be completed by Applicant:

Dear ____________________________,

(Name of reference)

I am applying for aid from Cleveland Clinic Martin Health and The Cleveland Clinic Martin Health Auxiliary to further my career goals in the healthcare or business field. I have been accepted/applied for admission to ______________________ (college/university). I request that you please complete this form and return it to me, or the person listed above.

Name of Applicant (please print): ____________________________

Applicant’s Signature: _____________________________________________

SECTION B: To be completed by Reference

How long have you known the applicant? ____________________________

In what capacity? ____________________________________________

State your comments regarding the applicant below:

Rating of job/academic/extracurricular performance ____________________________

Initiative ____________________________________________

________________________________________________________________________

________________________________________________________________________

How committed do you feel the applicant is to achieving his or her goals? ____________________________

________________________________________________________________________

________________________________________________________________________

Maturity and stability ____________________________

Adaptability ____________________________

Honesty and integrity ____________________________

Comments ____________________________________________

________________________________________________________________________

Reference Signature: ____________________________________________

Address: ____________________________________________

Phone#: ____________________________ Email: ____________________________
SECTION G: CONFIDENTIAL FINANCIAL INFORMATION (Your financial information will be held in strict confidence, and will be shredded at the end of the scholarship selection process)

**Income:** Must submit all 2019 W-2 forms for each employed individual in the household. 1099s or Schedule C 1040s may be accepted in lieu of W-2s where applicable. Official income documentation must be received for application consideration.

- Unmarried applicants not being claimed as a dependent: All of your W-2s are required.
- Unmarried applicants being claimed by 1 parent: All of your W-2s and all of Parent 1’s W-2s are required.
- Unmarried applicants being claimed by 2 parents: All of your W-2s, all of Parent 1’s W-2s, and all of Parent 2’s W-2s are required.
- Married applicants: All of your W-2s and all of your spouse’s W-2s are required.

If you received unemployment compensation, state financial assistance, and/or disability income in 2019, and no income tax information is available, please submit documentation of the assistance received.

**Do you have any extenuating financial circumstances you wish to share?**

______________________________________________________________

SECTION H: ESSAY

A typed essay (500 word minimum, 1,000 words maximum, double-spaced in 12-point font). Essay topic: “How will obtaining your degree impact your role in the clinical and/or business aspect of healthcare?” Applicants may be business or clinical students. Students studying prerequisites are eligible to apply. **STUDENTS WHO HAVE APPLIED IN PAST YEARS MUST SUBMIT A NEW ESSAY FOR CONSIDERATION.**

SECTION I: CERTIFICATION

All of the information in this application and the attached supplemental information are true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form if requested. I understand that it is **my responsibility** to ensure that all elements needed for consideration are included in my application submission. I understand that if my application submission is incomplete, or not received by the CCMH Scholarship Coordinator on/before 4pm on Friday, February 7, 2020, that my application will not be considered.

______________________________________________________________

Applicant’s Signature  Date