

NEA Baptist Memorial Hospital Auxiliary Scholarship Application

Please type or print. IF application is illegible, it will be returned to you.

Date of Application:		Date Received by Auxiliary:	
1. Last Name:		First Name:	Birth Date:
2. Mailing Address:			
Street:			
City:	State:	Zip Code:	
3. Daytime Telephone Number:		Cell:	
4. Current Employer:		Position:	
5. Current High School/College/University		Number of Years Attended	
6. Grade Point Average (GPA): (on a 4.0 Scale)	Attach proof of GPA Most recent official school transcript required.		
7. Junior Auxiliary Member:	Total # of volunteer hours at NEA BMH:		
8. I will be attending the following school: Address:			
City:	State:	Zip:	
Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.			
9. I will be entering the above mentioned school as a (circle one):			
	Freshman	Sophomore	Junior
			Senior
10. Name and Address of Financial Aid Officer:			
Name:			
Street:			
City:	State:	Zip Code:	
Phone:			
11. What specialty/major do you plan to major in as you continue your education and what is your anticipated completion date of studies?:			

**NEA BAPTIST MEMORIAL HOSPITAL
AUXILIARY SCHOLARSHIP APPLICATION**

1. **DEADLINE** for scholarship applications:

Fall Semester: July 31

Spring Semester: December 15

Summer Semester: May 15

2. All applications must be received by an Auxiliary member by 5:00 pm on the day of the deadline. **NO EXCEPTIONS.**
3. If any question on the application does not apply to you, put N/A in the space.
4. Type or print legibly. Illegible applications will be returned.
5. You will be notified by the Auxiliary regarding the status of your application.
6. If you have any questions about the application, contact NEA Baptist Memorial Hospital Auxiliary at 870-936-1065 or <mailto:neauxiliary@yahoo.com> or neabaptistgiftshop@gmail.com.
7. Scholarship funds will be awarded upon evidence of registration in an accredited post-secondary institution.

PURPOSE: To provide scholarships to anyone meeting the requirements that is interested in or intending to pursue post high school course of study at either college/university or other post-secondary educational institution in the Health/Medical field.

FULL TIME EMPLOYEE APPLICANT CRITERIA:

1. Applicant must be a full time employee of NEA Baptist Memorial Hospital or NEA Baptist Clinic for at least 6 months prior to the beginning of the semester for which the applicant is applying, and plan to remain a full time employee for the duration of the scholarship.
2. Applicant must be pursuing continuing education in the Health/Medical field.
3. The amount of the scholarship will be \$500.00 per semester for eligible applicants. Applicants must reapply each semester.

JUNIOR AUXILIARY APPLICANT CRITERIA:

1. Applicant must be a Junior Auxiliary Member in good standing with at least 200 volunteer hours of service at NEA Baptist Memorial Hospital to receive an initial \$250.00 scholarship for one (1) semester.
2. Subsequent scholarships will require an additional 50 volunteer hours of service.
3. Applicant must be a graduating high school senior or enrolled in an accredited college in the year of the awarded scholarship, and must have a GPA of 3.0 or higher.
4. Applicant must be pursuing a career in the Health/Medical field.

APPLICATION PROCESS:

1. Applicant must submit completed application form by the deadline.
2. Attach three (3) letters of reference from choice of high school teachers, counselors, employers or other individuals with significant knowledge of applicant's experience and involvement.
3. Official high school/college transcript with cumulative GPA.

Bring completed application to the Auxiliary gift shop in the hospital or mail to:

NEA Baptist Memorial Hospital Auxiliary
4800 E. Johnson Ave.
Jonesboro, AR 72401