

BRMC Employee Children & Grandchildren Scholarship Application

The BRMC Employee Children & Grandchildren Scholarship was created for the purpose of providing financial assistance to students who demonstrate a strong desire to further their education and have a financial need. The Scholarship requires that the applicant be a high school graduating senior and be the child or grandchild of an employee at Baxter Regional Medical Center. The parent/grandparent must be an employee in good standing for at least one year and worked a minimum of 500 hours in the past year.

STUDENT INFORMATION:

Name: _____ DOB: _____

Social Security Number (or College Student ID Number): _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: ____ - ____ - ____ Email Address: _____

High School: _____ High School Graduation Date: _____

High School Grade Point Average: _____ ACT Composite Score: _____

College/Vocational School Expected to Attend: _____

Expected Cost of Tuition (per semester): _____

Attach high school transcript

BRMC EMPLOYEE INFORMATION:

Name of Parent/Grandparent/Legal Guardian Employee at BRMC: _____

BRMC Hire Date: _____ Number of hours worked last year: _____

Department: _____ Job Title: _____

SCHOLARSHIP INFORMATION:

Have you received or are you going to receive any other scholarships? _____ Yes _____ No

List names of other scholarships/grants you have received or expect to receive and the amount from each source:

APPLICANT'S LETTER:

The applicant is to write an essay discussing why they should receive this scholarship. This essay should outline career goals and financial needs, and it should express a high desire to achieve and succeed.

LETTER OF RECOMMENDATION:

The applicant is to include a letter of recommendation with the application.

AGREEMENT

I have read the criteria for eligibility to receive the BRMC Employee Children & Grandchildren Scholarship. I represent that:

- a) The information I have provided is complete and accurate and may be relied upon by the Scholarship Committee;
- b) I agree to submit to the Committee a transcript of grades after the first semester is completed;
- c) I understand that if I do not maintain a full time status or my grades fall below the required level I will no longer be eligible to receive the scholarship fund.

Signed _____ Date _____

BRMC EMPLOYEE CHILDREN & GRANDCHILDREN SCHOLARSHIP

APPLICATION DEADLINE:

March 15th 2021

RETURN COMPLETED APPLICATION TO:

Baxter Regional Medical Center

624 Hospital Drive

Mountain Home, AR 72653

Attention: Kristine Johnson

FOR MORE INFORMATION CONTACT:

Kristine Johnson

Accounting

Baxter Regional Medical Center

(870) 508-1446

kjohnson@baxterregional.org