

# 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:

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## 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 15<sup>th</sup> 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](mailto:kjohnson@baxterregional.org)