



## APPLICATION FOR SCHOLARSHIP

Applicants will be considered for Scholarship Funds without regard to race, religion, sex, color, creed, national origin or handicap.

**A. PERSONAL PLEASE PRINT**

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH
		TELEPHONE NUMBER		
HAVE YOU BEEN EMPLOYED HERE BEFORE? _____ DATES EMPLOYED: ____/____/____ TO ____/____/____ POSITION: _____ FRIENDS OR RELATIVES EMPLOYED HERE: _____				

**B. EDUCATION: LIST ACADEMIC, VOCATIONAL OR PROFESSIONAL SCHOOLS ATTENDED**

HIGH SCHOOL	CITY AND STATE	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
COLLEGE	CITY AND STATE	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
COLLEGE	CITY AND STATE	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
OTHER	CITY AND STATE	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/DEGREE
JOB RELATED MILITARY EXPERIENCE:				
HAVE YOU BEEN ACCEPTED INTO A QUALIFIED PROGRAM? _____ SPECIFY PROGRAM: _____ SPECIFY SCHOOL AT WHICH YOU HAVE BEEN ACCEPTED: _____				

**C. EMPLOYMENT HISTORY**

PRESENT OR LAST EMPLOYER		JOB TITLE
DATES: FROM	TO	WORK PERFORMED
ADDRESS		
PHONE NUMBER	SUPERVISOR	REASON FOR LEAVING
SALARY STARTING \$	SALARY ENDING \$	

PREVIOUS EMPLOYER		JOB TITLE
DATES: FROM	TO	WORK PERFORMED
ADDRESS		
PHONE NUMBER	SUPERVISOR	REASON FOR LEAVING
SALARY STARTING \$	SALARY ENDING \$	

**NOTE: ALL APPLICANTS ARE SUBJECT TO DRUG SCREENING**

**D. REFERENCES (OTHER THAN RELATIVES OR FORMER EMPLOYERS)**

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

Have you ever been convicted of, pleaded guilty or no contest to any crime (felony or misdemeanor)? \_\_\_\_\_

Have you ever entered a plea on deferred adjudication to any crime? \_\_\_\_\_

If answer is yes to one/both of these questions, state when, where and disposition of case: \_\_\_\_\_

**\*The existence of a criminal record is not necessarily a disqualification of scholarship funds.**

Please explain why you should be considered for a scholarship. How do you feel you can benefit MCH as a future employee? (attach additional paper if needed) \_\_\_\_\_

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I certify that the information contained herein is a complete and truthful disclosure of my qualifications and work history. I have not withheld information that would adversely affect my application. I give permission to the Scholarship Committee to conduct a detailed reference check, including criminal history check, and hereby release this hospital and the Scholarship Committee from any liability in connection with its proper use of information obtained. I understand that omission of facts or falsification on this application is cause for immediate suspension of scholarship funds. Upon successful completion of the educational program and upon receipt of permit or license, I agree to work for Medical Center Hospital per the terms of my contract. This period will consist of continuous, full-time employment.

**If applying for Scholarship Funds for program outside of Odessa College, attach a program description. All applicants must attach a letter of acceptance from the specified program, as well as a current college transcript, and 3 reference letters. Reference letters should include instructors, past employers, and personal references.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR SCHOLARSHIP COMMITTEE USE ONLY**

Date Application Reviewed: \_\_\_\_\_

Date Taken Before Committee: \_\_\_\_\_

Date Applicant Interviewed: \_\_\_\_\_

Scholarship Awarded: \_\_\_\_\_

Amount: \_\_\_\_\_

Comments: \_\_\_\_\_

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