

# **MRHC Foundation**

## **Employee Growth and Development Scholarship Application**

The Employee Growth and Development Scholarship is designed for MRHC employees who are looking to further their career in healthcare. This scholarship is for both clinical and non-clinical career paths.

### ***Criteria and Eligibility***

1. Applicant must be a current employee of McAlester Regional Health Center.
2. Applicant must be employed by MRHC for one year.
3. Applicant must have at least one year with no counselings/write-ups.
4. Applicant must submit the scholarship application form before the established deadline to be considered.
5. Applicant must submit the following items with the scholarship application:
  - a. One Letter of Recommendation from a Leader employed by MRHC.
  - b. One Character Statement from an outside source.
6. Applicant must agree to the following terms and conditions:
  - a. Applicant agrees to commit to full-time employment with MRHC upon graduation for 2 years per every year the scholarship is awarded.
  - b. Applicant agrees to refund tuition if the recipient does not finish or pass prescribed career course.
  - c. Applicant agrees to refund tuition if the recipient does not work for MRHC upon graduation.
  - d. Applicant agrees to refund tuition if the recipient resigns or is involuntarily terminated from their position at MRHC.

### ***Procedure***

1. Attached application must be submitted to the Scholarship Committee.
2. Criteria and Eligibility 5a and 5b letters must be submitted with the application.
3. All questions must be answered completely.
4. Include a copy of school and course path provided by the school of your choice.
5. Final applicants may be interviewed by the Scholarship Committee and/or the MRHC Foundation Board.
6. The scholarship recipient will receive payment upon school enrollment.

Scholarship application must be submitted by mail, or email to:

### **MRHC Employee Growth and Development Scholarship Committee**

**Attn: Education**

**1 E. Clark Bass Blvd.**

**McAlester, OK. 74501**

**Email: [ralanham@mrhcok.com](mailto:ralanham@mrhcok.com)**

For any additional scholarship questions, please contact Rebecca Lanham at 918-421-6967 or via email at [ralanham@mrhcok.com](mailto:ralanham@mrhcok.com).

# Application Form

<b>Applicant Information</b>			
1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Last Name:</td> <td style="width: 50%; padding: 2px;">First Name:</td> </tr> </table>	Last Name:	First Name:
Last Name:	First Name:		
2.	Mailing Address Street: City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>		
3.	Telephone Number:  Email Address:		
4.	MRHC Employment Date:		
<b>Caree Goal Information</b>			
5.	Current Position at MRHC:		
6.	<u>Please describe your career goals:</u>		
7.	Education required to achieve goals:		
8.	School you are planning on attending:		
<b>School and Work Status</b>			
9.	Will you be a full-time student?		
10.	How many hours can you work while attending school (FT, PT, PRN)?		
<b>Additional Information</b>			
11.	Please describe why you believe you should receive the Post-Secondary Scholarship (you may submit an additional page if needed):		

By signing this application form, I agree to the terms and conditions found within the Post-Secondary Scholarship Application:

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_