



SCHOLARSHIP REGULATIONS

- Scholarships will be granted for tuition and mandatory fees toward a B.S.N. (Bachelor of Science in Nursing), M.S.N. (Master of Science in Nursing), or other health care related programs, including the D.O. program at A.S.U., or to an employee of St. Bernards attending an A.D (Associate Degree) program in nursing at Black River Technical College, Arkansas State University, Arkansas Northeastern College or East Arkansas Community College.
- Nursing or health care field students as well as advanced students accepted.
- Recipients may apply for a renewal of the scholarship at the end of each year.
- Application requirements for scholarships offered by the Auxiliary of St. Bernards Medical Center:
 - Must have a minimum GPA of 3.0 to be eligible;
 - Must have a high level of professional behavior;
 - Must be enrolled in program before due date of application;
 - Must include a complete official transcript, including Spring 2019 work.
- Scholarship monies must be used during the academic school year (2019-2020)
- Scholarships are awarded for tuition and mandatory fees only and are payable to attending school. A \$2000 check will be written upon receipt of a schedule with at least 12 hours. A \$1000 check will be written upon receipt of a schedule with 5 to 11 hours. If you are taking 5 to 11 hours the second semester, you must submit that schedule.
- We encourage you to show your appreciation to St. Bernards Foundation and Auxiliary by becoming an employee of St. Bernards Medical Center after you graduate. We want our scholarships to benefit the organization that we support.
- Completed applications must be returned to the Foundation Office at 400 East Street, Jonesboro, AR 72401 by NOON, Friday, May 24, 2019.
- For further information call Kelli Merryman at 207-2500.

St. Bernards Auxiliary
TUITION SCHOLARSHIP APPLICATION

PLEASE PRINT CLEARLY

PERSONAL

First Name: Last Name Date:
Mailing Address: City St Zip
Phone No:()- SS# Date of Birth Age:
Email Address: Married: Number of Dependents/Ages:
Name of Spouse: Occupation
Parents or Guardians: Occupation
Parents or Guardians Address: City: St Zip
Did you participate in the St. Bernards Junior Volunteer program? What year?
Have you received a St. Bernards Auxiliary scholarship previously? What year?

EDUCATION

Semester Hours Completed: Grade Point Average
Hours Remaining until completion of Degree: Degree Sought:
Have you at any time received a grade of a D or lower: or withdrawn from a health care course for any reason? If so please explain in detail:
List work experience over the last 12 months and the average number of hours worked per week:

A complete official transcript including current spring term, must accompany application.

PROJECTED BUDGET FOR NEXT YEAR

Expenses

Tuition & Fees
Books & Supplies
Room & Board
Transportation
Other Expenses

Income

Employment
From Parents
From Spouse
Other (Tuition Assist, Pell Grants, etc)
Personal Savings
Loans

Total Expenses:

Total Income:

ATTACH A STATEMENT REGARDING YOUR FUTURE PLANS IN THE HEALTH FIELD & YOUR REASONS FOR NEEDING FINANCIAL ASSISTANCE.

