

### **SCHOLARSHIP PROGRAM CRITERIA**

The Mary Free Bed Guild has established annual scholarships for minority students pursuing degrees in nursing or rehabilitation therapy programs. An individual is eligible to apply for a one-year scholarship for education-related expenses if he or she meets the established criteria. The scholarship amounts will vary depending on individual needs.

- Black or African American, Asian, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native
- Citizen of the United States
- Cumulative college GPA of 3.0 or better on a 4.0 scale (overall and in the chosen area of study)
- Currently enrolled in, or accepted into an accredited college or university as a full-time, degree-seeking student in a nursing or therapy program (PT, Speech, OT)
- Applicants must have a permanent residency in the West Michigan area
- Demonstrates leadership abilities through participation in community service, extracurricular, or other volunteer activities
- Demonstrates a commitment to serving diverse populations

### **INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION**

Please complete the application by typing or printing legibly. Only completed and signed applications will be considered. **Please submit the following items with this completed application form.**

1. Copy of your most recent **transcript of grades** from current or last school attended. **An official transcript from the school is required by the March 31, 2012 application deadline.**
2. **Three original letters of recommendation** from individuals who are not related to you, the applicant. One must be from a faculty advisor. At least one should reflect your interest in a nursing or therapy career. All must be in original form, and must be signed and addressed to the Scholarship Selection Committee at the address noted below.
3. On a separate sheet of paper, please specify your involvement, and dates of participation, in **community service, extracurricular activities, volunteer involvement**, and any awards and honors you have received.
4. On a separate sheet of paper, please prepare a **personal statement**, not to exceed 1,500 words, indicating your interest in and commitment to a nursing or therapy profession, examples of your involvement in your minority community, your career goals, any other information on significant financial difficulties you are experiencing, and why you feel you should be selected to receive the scholarship.
5. Conduct research of Mary Free Bed Rehab Hospital through the website [www.maryfreebed.com](http://www.maryfreebed.com) and/or other methods of your choice and include observation/comments in your personal statement or as an addendum.
6. Provide proof of citizenship.
7. Provide a letter of acceptance into your chosen program.

**Please submit your completed application to:**

Attn: Human Resources Department  
Mary Free Bed Rehabilitation Hospital  
235 Wealthy SE, Grand Rapids, MI 49503-5299  
[scholarship@maryfreebed.com](mailto:scholarship@maryfreebed.com) • 616.242.9206 • 800.528.8989 ext.4404

**Mary Free Bed Guild of Grand Rapids  
Minority Scholarship Application  
2012-2013 Scholarship Program  
Deadline: Postmarked by March 31, 2012**

**APPLICANT'S PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Gender     Female    Male

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Ethnicity

Native Hawaiian or Other Pacific Islander

Black or African American

Hispanic or Latino

American Indian or Alaskan Native

Asian

Two or more races (all persons who identify with more than one of the above six races).

**Permanent Address**

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Day Telephone (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone (\_\_\_\_\_) \_\_\_\_\_

**Temporary/School Address (if different than above)**

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Day Telephone (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone (\_\_\_\_\_) \_\_\_\_\_

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**ACADEMIC INFORMATION**

Are you currently enrolled or accepted into a nursing or therapy program at an accredited college or university in the upcoming academic year?     Yes  No

Classification for 2012-2013     College Freshman     College Sophomore     College Junior  
     College Senior     Graduate-level Student

List all high schools, colleges and universities attended, including current:

<b>Name of School</b>	<b>Location</b>	<b>Dates Attended</b>	<b>Degree Received</b>

School to which you would apply a MFB scholarship

\_\_\_\_\_

Type of Academic Program (please check one)

- Nursing (please specify ADN, BSN, MSN or other registered nurse program \_\_\_\_\_)
- Therapy (please specify OT, PT or SLP) \_\_\_\_\_)

Expected Graduation Date from Program \_\_\_\_/\_\_\_\_/\_\_\_\_

**FINANCIAL INFORMATION**

**A. INDEPENDENT STUDENT                    -OR-**

Did you personally file income taxes for the previous tax year?     Yes     No

If yes, number of dependents you claimed?   

**B. DEPENDENT STUDENT**

Did your parent or guardian file income taxes for the previous tax year?     Yes     No

Did your parent or guardian claim you as a dependent?     Yes     No

Total number of dependents that your parent or guardian claimed?   

Please describe all sources of income that you intend to use for your financial needs for the upcoming academic year and any information on significant financial difficulties you are experiencing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently employed?     Yes     No                    Full or Part time? \_\_\_\_\_

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Are you receiving other financial aid or support for the upcoming academic year?  Yes  No  
If yes, please specify \_\_\_\_\_

Have you applied for the Mary Free Bed Scholarship in previous years?  Yes  No

Have you applied for other Scholarships?  Yes  No

Have you applied for Financial Aid?  Yes  No

If no, why not? \_\_\_\_\_

**PROJECTED ANNUAL SCHOOL EXPENSES FOR 2012-2013**

Tuition \$ \_\_\_\_\_

Room/Board or Other Housing Expenses \$ \_\_\_\_\_

Other Educational Expenses-specify \$ \_\_\_\_\_

Other Expenses-specify \$ \_\_\_\_\_

**Total Projected Expenses** \$ \_\_\_\_\_

How did you hear about the Mary Free Bed Scholarship Program?

- Friend  School Fair  
 Faculty  Website  
 Parent  Other: please specify \_\_\_\_\_

**AGREEMENT & TERMS OF MARY FREE BED SCHOLARSHIP APPLICANTS**

I understand that the Mary Free Bed Scholarship Committee may request additional information, including a personal interview, to make a decision on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award.

If I am selected for this scholarship, I agree to provide a copy of my official transcript (grades) at the end of each semester.

I understand that scholarship funds may only be applied to offset financial obligations that I have incurred or reasonably expect to incur for tuition, room and board, and other educational expenses during the academic year. I further understand that if I receive a scholarship and accept the award, a check for my tuition, room and board (if applicable) will be paid directly to the college or university. I understand that I must submit documentation of other educational expenses, which, upon approval, will be reimbursed directly to me. I further understand that I am responsible for any tax liability incurred because of this award.

I certify that the statements that I have provided on this application are true and correct and are given for obtaining a Mary Free Bed scholarship. I authorize Mary Free Bed to verify the statements contained herein and I understand that all personal information contained on this application will be held in confidence by the Scholarship Selection Committee.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For questions or additional information please contact Human Resources at  
[scholarship@maryfreebed.com](mailto:scholarship@maryfreebed.com) • 616.242.9206 • 800.528.8989 ext.4404.**