

**MEMORIAL HERMANN  
MEMORIAL CITY HOSPITAL  
VOLUNTEER SERVICE SCHOLARSHIP FUND**

The MHMCH Volunteer Service Scholarship Fund is administered by the Trustees of the Scholarship Fund. **To apply you must be a student in a human health care field, currently enrolled and attending classes in an accredited college, university or vocational school.** If you are a recipient of a scholarship and attend the required awards ceremony, your monetary award will be sent directly to the school to be used **only for tuition and books.** Please call the phone number at the bottom of this page for the awards ceremony date. Failure to attend will result in forfeiture of the scholarship.

**Please complete the application in full** including the financial form and return by mail to the address below. It is the applicant's responsibility to see that all grade transcripts and letters of reference are included. After receipt of your application by the Trustees, you may be asked to submit further information that the Trustees feel is necessary. **Please type or print the application. An incomplete application will be disqualified.**

Please submit the following:

- Application
- Three current letters of recommendation...(Occupational, educational or personal... excluding relatives) - **Must be typewritten**
- Official Transcript(s) - include all schools attended.
- Current Class Listing / Schedule
- Personal letter - **Must be typewritten**

Applications must be mailed **DIRECTLY** to the Trustees at the address shown below and must be postmarked by October 1 for the following Winter-Spring term, or March 1 for the following Summer-Fall term or delivered to the Volunteer Office no later than 4:00 p.m. on the dates. **NO EXCEPTIONS!** You will be notified by mail when your application is received.

Scholarships are made possible by contributions from memorials, honorariums and many hours of fundraising. The number and amount of scholarships awarded will be based upon the availability of funds and qualified applicants. Should you, at a future date, like to contribute to our Fund, your tax-deductible donation would be greatly appreciated.

**PLEASE SAVE THIS LETTER FOR FUTURE REFERENCE.**

Thank you,

Mail your application to:

**Volunteer Scholarship Fund  
Memorial Hermann Memorial City Medical Center  
921 Gessner  
Houston, Texas 77024  
713-242-3830**

**\*Revised July 2008**

# MEMORIAL HERMANN MEMORIAL CITY HOSPITAL VOLUNTEER SERVICE SCHOLARSHIP FUND APPLICATION

**Please fill out completely**  
**Do not leave blank sections - Please place N/A in any field not applicable to you**

<small>1A</small> <b>Student's Name (Last, First, Middle Init.)</b> _____	<small>2A</small> <b>Date of Birth</b> _____	<small>3A</small> <b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<small>4A</small> <b>Social Security Number</b> _____
<small>5A</small> <b>Student's Permanent Address (Address, City, State and Zip)</b> _____			<small>6A</small> <b>Telephone Number</b> _____
<small>7A</small> <b>Expected Graduation Date</b> _____	<small>8A</small> <b>Place of Birth</b> _____	<small>9A</small> <b>Citizenship</b> _____	<small>10A</small> <b>Please Check:</b> <input type="checkbox"/> 1st time applicant <input type="checkbox"/> Re-applicant

<small>11A</small> <b>SCHOOL INFORMATION</b> Name: _____ Address: _____ City, State, Zip: _____ Admissions Telephone #: _____ Field of Study: _____ How long attended: _____ ----- <b>Department where scholarship should be sent:</b> _____ Contact Name: _____ Phone #: _____	<small>12A</small> <b>STUDENT'S ADDRESS WHILE IN SCHOOL</b> Address: _____ City, State, Zip: _____ Telephone Number: _____ E-mail Address: _____ <hr/> <small>13A</small> <b>OCCUPATIONAL INFORMATION</b> Present Occupation: _____ Employer's Name: _____ Employer's Address: _____ _____ Business Phone: _____
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<small>14A</small> <b>MARITAL STATUS</b> <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married</b>	<small>15A</small> <b>DEPENDENTS INFORMATION</b> Number of dependents Student and spouse support during academic year _____ Number of Children _____ Other Dependents _____	<small>16A</small> <b>INCOME INFORMATION</b> Annual household income: _____ Income of Student: _____ Income of Spouse: _____ Total Income: _____
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<small>17A</small> <b>DATE APPLICANT NEEDS FUNDS:</b> _____
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**MEMORIAL HERMANN MEMORIAL CITY HOSPITAL  
VOLUNTEER SERVICE SCHOLARSHIP FUND APPLICATION**

- Page 2 -

<p><sup>1B</sup> <b>EDUCATIONAL EXPENSES</b></p> <p><input type="checkbox"/> Quarter   <input type="checkbox"/> Semester</p> <p>Tuition: _____</p> <p>Books: _____</p> <p>Educational Supplies: _____</p> <p>Uniforms _____</p> <p>Transportation: _____</p> <p>Living Expenses: _____</p> <p>Other (Explain): _____</p> <p>TOTAL EXPENSES: _____</p>	<p><sup>2B</sup> <b>FUNDING SOURCES</b></p> <p>Please list source and percentage of funds available for year in which scholarship is requested:</p> <p align="center">Self % _____</p> <p align="center">Parents % _____</p> <p align="center">Spouse % _____</p> <p align="center">Scholarships % _____</p> <p align="center">Financial Aid % _____</p> <p align="center">Other Income % _____</p> <p align="center">Explain _____</p>
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<sup>3B</sup>  
**IDENTIFICATION OF INDIVIDUAL(S) PROVIDING FINANCIAL ASSISTANCE:**

Name of parent, guardian or spouse: _____  Relationship: _____  Street Address: _____  City, State, Zip: _____	Name of parent, guardian or spouse: _____  Relationship: _____  Street Address: _____  City, State, Zip: _____
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<sup>4B</sup>

	<b>PLACE OF EMPLOYMENT</b>	<b>POSITION</b>
Guardian:	_____	_____
Father:	_____	_____
Mother:	_____	_____
Spouse:	_____	_____
Other:	_____	_____

<sup>5B</sup>  
**UNDERGRADUATE SCHOOLS ATTENDED (Please attach additional pages if necessary)**

<u>INSTITUTION</u>	<u>DATES</u>	<u>MAJOR</u>	<u>DEGREE</u>

**MEMORIAL HERMANN MEMORIAL CITY HOSPITAL  
VOLUNTEER SERVICE SCHOLARSHIP FUND APPLICATION**

- Page 3 -

<sup>1C</sup>  
**HONORS IN SCHOOLS (Please attach additional pages if necessary)**

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<sup>2C</sup>  
**EXTRACURRICULAR COMMUNITY AND/OR VOLUNTEER ACTIVITIES  
(Please attach additional pages if necessary)**

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<sup>3C</sup>  
**APPLICATION CHECKLIST:**

***PLEASE BE SURE YOU HAVE INCLUDED WITH YOUR APPLICATION THE FOLLOWING:***

- Three personal letters of reference (must be current)**  
Occupational, educational or personal references **excluding** relatives
- Official transcript(s) from schools attended**
- Current Class Listing / Schedule**
- Personal letter - Your personal letter should include:**
  - Career goals
  - Reason for applying for scholarship
  - Contribution to community
  - Remarks:
    - Physical health
    - Financial need
    - Any other information you feel would be of interest to the trustees
- This application**

<sup>4C</sup>  
**I, \_\_\_\_\_, state all information contained within this application to be true to**  
*(Applicant's Name)*

**the best of my knowledge. I authorize the trustees of Memorial Hermann Memorial City Hospital  
Volunteers Scholarship Fund to verify any information contained within this application.**

**By completing and submitting this information to the Memorial Hermann Memorial City Hospital  
Volunteer Scholarship Committee, I hereby acknowledge and agree that if I am selected to receive a  
scholarship, I will attend the awards ceremony. Failure to attend this ceremony will result in the  
forfeiture of my scholarship. For award ceremony date, please call 713-242-3830. (Any extreme  
circumstance that might cause my absence from this event will require an appeal to the board and be  
considered on a case-by-case basis. Funds are issued after awards ceremony and sent directly to  
educational institution.)**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

<sup>5C</sup>  
**DEADLINE FOR APPLICATIONS: Summer / Fall, March 1st  
Winter / Spring, October 1st**