

Auxiliary of McCullough-Hyde Memorial Hospital/TriHealth

Nursing Scholarships

2021-2022

Award for each of three scholarships: \$3000

Requirements

1. Completion and submission of this Scholarship Form by April 1, 2021.
2. Submission of high school transcript through mid-year of the senior year / or most recent grade transcript from school currently attending or previously attended.
3. Receipt of three letters of reference, on behalf of the applicant, by the Scholarship Committee by April 1, 2021.
4. Receipt of letter of acceptance from school with accredited nursing program by the Scholarship Committee by April 1, 2021.
5. Submission of a 500-word personal essay/statement of financial need, goals, personal qualities and/or experience, and level of possibility (*no obligation*) to work part-time at McCullough-Hyde Memorial Hospital/TriHealth.
6. Residence in Hospital Service Area of Butler, Preble, and Warren Counties in Ohio and Union, Franklin, Fayette, Dearborn and Wayne Counties in Indiana.

(All may be e-mailed directly to MHMHscholarship@gmail.com. A former applicant or recipient may re-apply by completing all of the above steps.)

All items should be received no later than April 1, 2021 by:
*McCullough Hyde Memorial Hospital/TriHealth
Auxiliary Scholarship Committee*

*E-mail inquiries: MHMHscholarship@gmail.com
Phone: Katie Pirigyi 859-797-1056 or Gwen Pietzuch at 513-310-5301*

Recipients will be selected based upon the following criteria:

- Completed application / school acceptance letter / 3 letters of reference
- Grade point average / rank in class / test scores (ACT-SAT) or GED
- Motivation / Essay / Financial need
- Demonstrated leadership ability
- Residence in McCullough-Hyde Memorial Hospital/TriHealth service area

(Motivation and leadership ability will be evaluated from essay and references.)

Name _____

Home Address _____

Telephone _____

Social Security Number _____

(optional; needed only if, and when, applicant is selected as recipient of scholarship)

E-mail address _____

Date of Birth _____

Schools Attended _____

Program/school to which you have been accepted and will attend

The scholarships will apply to Accredited Nursing School program fees.