

**THE FITZGIBBON HOSPITAL AUXILIARY SCHOLARSHIP**  
**Scholarship Guidelines**

Two \$1,500 scholarships are awarded annually. Additional scholarships may be awarded at the discretion of Fitzgibbon Hospital Auxiliary Board. Please review the following criteria to ensure you meet the qualifications for the scholarship. Incomplete applications will not be considered.

**Criteria:**

1. Applicant must be:
  - a) A resident of a community served by Fitzgibbon Hospital

**OR**

  - b) an employee of Fitzgibbon Hospital or its Affiliates

**OR**

  - c) Enrolled in the MVC nursing program and a part-time employee of Fitzgibbon Hospital or its Affiliates (Part time is considered at least 16 hours per pay period.)
2. Applicant must also:
  - a) Be enrolled in or have been accepted into an accredited vocational school, college, junior college or university offering a certificate or degree program in a health care related field

**AND**

  - b) Submit a completed application with at least two letters of recommendation by **April 1, 2024.**

**AND**

  - c) Commit to employment at Fitzgibbon Hospital or one of its Affiliates in the terms listed herein

**Scholarship Procedures:**

Scholarship recipients will be notified by June 1, 2024. Scholarship money must be claimed by June 1, 2025 or will be forfeited. Funds will be distributed in one of the following two ways:

1. Traditional Curricula

For traditional curricula, scholarship checks will be made out to the scholarship recipient and the school the recipient is attending.

Scholarships will be distributed in two payments: one per semester enrolled. Recipients are presented their first disbursement providing all documentation has been received.

The second disbursement will be mailed once the scholarship recipient submits to the Auxiliary Office:

- a. Grades from the completed semester. (Transcripts must meet minimum of 2.5 GPA.)
- AND**
- b. Proof of enrollment for the upcoming semester.

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2. Non-traditional Curricula

For students enrolled in non-traditional curricula, i.e., online 8-week sessions, the scholarship funds will be distributed directly to the recipient upon submission of:

- a. Grades from the completed session. (Transcripts must meet minimum of 2.5 GPA.)

AND

- b. Proof of payment for the completed session.

NOTE: The amount of the scholarship for the session shall not exceed the total tuition paid by the student. Example: Tuition for the 8-week session totaled \$450; the awardees will only receive \$450 of the total \$1500. The recipient may continue to submit quarter/session documentation to receive a total of \$1500 during the year.

After Graduation

The scholarship recipient will be required to serve as a full-time status (minimum of 72 hours per pay period) employee of Fitzgibbon Hospital, or an affiliate clinic for one year post-graduation. If the recipient is only able to serve as part-time status (minimum of 40 hours per pay period), the recipient may choose to repay half of the scholarship awarded or serve two consecutive years post-graduation. If the recipient is not able to fulfill the employment requirement, he/she must repay the scholarship. PRN status will not be considered as fulfilling the employment obligation. The scholarship repayment may be prorated to reflect the time the recipient has served. In the event a recipient is awarded a scholarship for multiple years, each year of service post-graduation will be fulfilled consecutively, not concurrently.

If the recipient is not able to fulfill the employment requirement, he/she must repay the scholarship. The recipient shall make payments of \$100.00 each month until full payment is received. If there is not a position available at Fitzgibbon Hospital or its Affiliates, the recipient is exempt from repayment.

Mail completed application and documents to:

Fitzgibbon Hospital  
Attn: Auxiliary Office  
2305 S. Hwy 65  
Marshall, MO 65340

**THE FITZGIBBON HOSPITAL AUXILIARY SCHOLARSHIP  
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**Application for the Fitzgibbon Hospital Auxiliary Ambassadors Scholarship  
Application Deadline: April 1, 2024**

All information submitted with this application is confidential. Please print or type. If you need additional space, please write or type on plain white 8 ½ x 11 paper and attach to application.

**PERSONAL DATA**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_.

Email address: \_\_\_\_\_

- Please include:
- official transcripts
  - acceptance letter to college
  - letters of recommendation

**EDUCATIONAL BACKGROUND**

Name of high school \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of any other School attended \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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**ACTIVITIES/AWARDS**

Please list awards, honors, and activities participated in for the last 2 years. Prior years may be listed on a separate sheet of paper.

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Please list any scholarships received.

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**WORK EXPERIENCE (other than volunteer)**

List all work experience in which you have participated, whether related to health care or not.

Employer	Job Title or Duties	Dates
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**PROFILE OF THE APPLICANT (Educational and Career Goals)**

Scholastic standing: GPA \_\_\_\_\_

Name of school you are attending or will be attending \_\_\_\_\_

Major \_\_\_\_\_ Minor area of specialization \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

What health career do you plan to pursue?

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What qualifications do you feel you have to pursue a health care career (100 words or less.)

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Education and occupational goals as they relate to the health care industry

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**VOLUNTEER ACTIVITIES/ SERVICES**

Name and place of agency or institution

\_\_\_\_\_

Supervisor \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Total hours \_\_\_\_\_ Hours during last 2 years \_\_\_\_\_

The applicant hereby consents that the Scholarship Selection Committee be fully informed as to the Applicant's scholastic standing, character, and other factors having a bearing on this application. **Additionally, a signature denotes that you understand and agree to the scholarship requirements, including seeking employment at Fitzgibbon Hospital or one of its clinics.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Parent or Legal Guardian if under 19)

\_\_\_\_\_  
(Date completed)

Please note: It is the applicant's sole responsibility to see that the completed application, official transcripts, acceptance letter to college, and letters of recommendation are received by Fitzgibbon Hospital Auxiliary Office by April 1, 2024. Incomplete applications will not be reviewed by the scholarship committee.