

**St. Joseph's
Community Foundation**

**ELIGIBILITY REQUIREMENTS
NURSING AND OTHER ALLIED HEALTHCARE EDUCATION GRANT
AND DR. COURTNEY M. TOWNSEND GRANT
FOR UNDERGRADUATE STUDENTS**

1. Preference for Foundation nursing and other allied healthcare education grants will be given to Lamar County, Texas residents. To be eligible for the Townsend healthcare grant, an applicant must be either an employee of Paris Regional Medical Center (PRMC) OR, PRMC's rural health clinics OR a Lamar County, Texas resident.
2. Applicants must be pursuing a career in nursing or another allied healthcare field and must be accepted into an accredited program of study
3. Foundation recipients must be willing, if requested; to be employed "full-time" by Paris Regional Medical Center or other St. Joseph Community Foundation (SJCF) approved facility (list of approved facilities available in foundation office) upon graduation for a period of twelve continuous months. Every effort will be made to accommodate employment preferences.
4. Applicants must meet hospital/facility employment criteria including a criminal background check.
5. Applicants are required to complete the Free Application for Federal Student Aid (FAFSA) to determine financial need, or furnish documentation related to eligibility for financial need.
6. Education grants are payable directly to the educational institution or to the individual after a receipt of incurred costs is provided.

Policy and Procedures for Review of Scholarship Applications

1. Applications for education grants must be submitted to St. Joseph's Community Foundation no later than noon on **April 18** in order to be considered for the summer or fall semesters and no later than noon on **November 17** in order to be considered for the spring semester.
2. Education grants are not automatically renewed; applicants must reapply each semester.
3. The Selection Committee shall review all applications.
4. Information on applications will be kept strictly confidential.

5. Applicants will be notified of awards in writing before the start of registration for the upcoming semester.
6. Upon notification of their award, applicants will be required to sign a conditional grant agreement to work “full-time” for twelve continuous months, if requested, at Paris Regional Medical Center or other SJCF approved facility following graduation. A copy of the conditional grant agreement will be kept in the Foundation Office.

I understand and agree to the above requirements for the awarding of this grant.

Signature _____ Date _____

cc. Foundation Office

**St. Joseph's
Community Foundation**

**Nursing & Other Allied Healthcare Education Grant
And Dr. Courtney M. Townsend Grant
Common Application**

PLEASE PRINT OR TYPE ALL RESPONSES: DO NOT LEAVE BLANKS

1. Full Name _____ Social Security # _____
2. Address _____
(Number) (Street) (State) (Zip)
3. Phone (H) Day _____ Eve _____ Date of Birth _____
(C) _____ E-mail address: _____
4. Alternate contact person: _____
Address: _____ Phone #: _____
5. How long have you lived in Lamar County? _____
If less than one year, please list previous county of residence: _____
6. Do you live with your parents? Yes _____ No _____
7. If Yes: Father's Name _____ Employer: _____
Job Title: _____
Mother's Name _____ Employer: _____
Job Title: _____
- If you do not live with your parents, are you:
- A. Married? Yes _____ No _____ Single? Yes _____ No _____
- B. Children? Yes _____ No _____ Ages? _____
8. Are you currently employed? Yes _____ No _____
If yes, employer: _____ Job Title: _____
How many years? _____ Full or Part-Time? _____
9. Is your spouse currently employed? Yes _____ No _____
Spouse's Name: _____ Employer: _____
Job Title: _____
How many years? _____ Full or Part-Time? _____

Financial Need Information: All applicants are required to complete the Free Application for Federal Student Aid (FAFSA). **Please submit the first page of your student aid report (SAR) with your application.** Applications are available at the PJC Financial Aid Office and online at: www.fafsa.ed.gov **Applicants are strongly encouraged to complete the electronic application. Please be sure to list PJC as one of the schools that will receive your information under step six and sign the attached consent form so we may obtain your Expected Family Contribution (EFC).** The school code for PJC is: 003601 (Note: If you have already completed 90 credit hours of college work, and are ineligible for a Pell grant, it is not necessary to complete the FAFSA. A letter from the financial aid office verifying your ineligibility for financial aid will suffice.)

10. Date FAFSA Completed: _____ EFC _____

11. Are you eligible for a Pell grant for the semester(s) in which you are applying for a Foundation scholarship? Yes _____ No _____

If yes, amount of Pell grant per semester: Amt. \$ _____ Semester(s): _____

If employed, have you contacted the human resource department concerning eligibility for tuition reimbursement? Yes ___ No ___ If no, explain _____

12. Have you applied for any other scholarships or loans? Yes _____ No _____

If yes, organization awarding scholarship/loan: _____

Dollar amount per semester: Amt. \$ _____ Semester(s): _____

13. Are you eligible for tuition reimbursement through your employer? Yes ___ No ___

If yes, check all expenses covered: _____ tuition _____ books _____ fees

14. Do you pay child support? If yes, yearly amount: \$ _____

15. Do you receive child support? If yes, yearly amount: \$ _____

16. Are you paying college expenses for a child or spouse? Yes _____ No _____

If yes, cost of tuition, books, & fees/YR: \$ _____

17. Previous education:

High school: _____

Graduated/Year: _____ or G.E.D./Year _____ G.P.A. _____

College(s): _____

Degree: Yes _____ No _____ Year: _____ Total Credit hours: _____ G.P.A. _____

18. Are you currently an LVN or RN? Yes _____ No _____ IF YES: LVN _____ RN _____

19. Have you been accepted into a nursing or health-related program? Yes ___ No ___

Please provide copy of acceptance letter with this application.

If yes, name of program: _____

20. Are you currently enrolled in a nursing or health-related program? Yes ___ No ___

If yes, what program? _____ What school? _____

Full or Part-Time? _____ List current semester enrolled _____ GPA _____

21. Projected Graduation Date: _____

22: Describe why feel you should be awarded the scholarship. Include work plans following graduation and future goals.

THE ABOVE ANSWERS ARE TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ **DATE** _____

St. Joseph's
Community Foundation

NURSING & OTHER ALLIED HEALTHCARE EDUCATION GRANT
AND COURTNEY M. TOWNSEND GRANT
CONSENT FOR RELEASE OF EXPECTED FAMILY CONTRIBUTION

Name of Applicant: _____

Social Security Number: _____

Consent for Authorization to Release EFC Number

I authorize Paris Junior College, Northeast Texas Community College, Kiamichi Tech Center, or the educational institution in which I am/will be enrolled to release my Expected Family Contribution (EFC) index from my Free Application for Federal Student Aid (FAFSA) to the St. Joseph's Community Foundation scholarship committee for consideration of scholarship awards. I understand that this information is confidential and will only be used for this purpose.

Signed,

(signature of applicant)

(signature of parent if necessary)

(date)