

**St. Joseph's  
Community Foundation**

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

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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**

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**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](http://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.

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\_\_\_\_\_  
\_\_\_\_\_

***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)