

ELIGIBILITY REQUIREMENTS
EDUCATION GRANT FOR
NURSES PURSUING A GRADUATE NURSING DEGREE
ST. JOSEPH'S COMMUNITY FOUNDATION

1. Preference will be given to Lamar County, Texas residents.
2. Applicants must be pursuing a master's degree in nursing and must be accepted into an accredited graduate nursing program.
3. The applicant must be willing, if requested, to be employed by Paris Regional Medical Center or Paris Junior College while in graduate school. Upon graduation, the grant recipient must be willing to teach in the nursing program at Paris Junior College School of Nursing for at least four (4) fall and spring semesters or two (2) academic years.
4. Education grant recipients employed by Paris Regional Medical Center are required to meet hospital employment criteria including a criminal background check.
5. Education grant recipients must maintain an overall grade point average of 3.0 and must provide St. Joseph's Community Foundation with a transcript of grades each semester for which the scholarship is granted.
6. Applicants are required to complete the Free Application for Federal Student Aid (FAFSA) to determine financial need.
7. Education grants are payable directly to the educational institution or to the individual after a receipt of incurred costs is provided.
8. Recipients who do not complete the semester for which a grant was awarded must repay the amount in full.
9. Recipients who do not successfully complete the program requirements for a master's degree in nursing must repay the amount in full.
10. If, for any reason, the recipient is unable to fulfill the commitment to teach for at least four (4) fall and spring semesters for two (2) academic years at Paris Junior College the grant must be repaid in full.
11. Paris Regional Medical Center may, at its discretion, assign all or part of its rights and benefits under this Agreement to any person or entity.

Policy and Procedures for Review of Scholarship Applications

1. Applications for education grants must be submitted to St. Joseph's 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. Grants will be granted for the duration of the applicant's education toward his/her master's in nursing degree, provided his/her financial and academic status warrants continuation of funding.
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 an agreement to teach at Paris Junior College School of Nursing following graduation. A copy of the agreement will be kept in the Foundation Office.

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

Signature _____ Date _____

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 _____ (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)