

<b>JSMC</b>	Policy Title:	<b>Henry R. Bell MD Scholarship</b>	
Issue Date:	Revision Dates:		Effective Date:
	January 2015, June 2015, August 2017		
Manual:	Developed by:	Approved by:	Pages with attachments:
Policy section Medical Staff Bylaws	Medical Staff	Medical Staff, CEO, and Governing Board	3

Approved By: \_\_\_\_\_  
President, Medical Staff

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
CEO

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Chairman, Governing Board

Date: \_\_\_\_\_

The Medical Staff and Governing Board of Jennie Stuart Medical Center has established a Henry R. Bell, MD Scholarship Fund consisting of four \$2,000.00 scholarships. These scholarships will be awarded each year to four students planning a career in a medically-related field [nursing, pharmacy, physical therapy, medical school] who demonstrate motivation to complete his or her education and who are in need of financial assistance. [Dependents of medical staff members are excluded from applying] Todd County one, Trigg County one and Christian County two.

Eligibility for a Henry R. Bell, MD scholarship is based on the following:

- a. Applicant must be a resident of Christian, Todd or Trigg county
- b. Grades, character, potential and motivation to continue his or her education in the field of medical science and a transcript of grades from the last school attended must be submitted along with one letter of recommendation from a non-relative - preferably from a medical professional

Applications for Henry R. Bell, MD scholarships are available on the Jennie Stuart Medical Center's website through the High School Guidance Counselor, or by written request to the Medical Staff Office, at 320 West 18<sup>th</sup> Street, Hopkinsville, KY 42241. These applications, along with the other required materials listed above, must be submitted to the Medical Staff Office **NO LATER THAN APRIL 1<sup>ST</sup>. APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE CONSIDERED.**

An appointment will be made for the Scholarship Committee to interview selected candidates. Scholarship awards will be presented by the JSMC President of the Medical Staff and CEO in May of each year.

A recipient will receive this monetary award through the Financial Aid Office of the College or University of their choice. The Financial Aid Office of each school must be given specific instructions as to how this money is to be used. The schools will be asked to return any unused funds to be used for other students the following year. No funds are to be given directly to any student nor can funds be designated for future use but must be awarded on a year-by-year basis.

Recipients shall not be eligible for renewal of scholarships and prior recipients may not apply.

Applications must be submitted to the Medical Staff Office by April 1<sup>st</sup>. **NO APPLICATIONS RECEIVED AFTER APRIL 1<sup>ST</sup> WILL BE CONSIDERED.**

**Henry R. Bell, MD Scholarship Fund**

Attach a brief essay [one page] describing why you feel you should be awarded this scholarship.

**Applicant Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip Code

**Parents' Information**

\_\_\_\_\_  
Father/Guardian Name

\_\_\_\_\_  
Mother/Guardian Name

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Telephone number

⇒ List College, University or Medical Related Programs to which you have applied:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

⇒ Which medical– related profession have you chosen?

- 1. \_\_\_\_\_

⇒ Estimated education expenses per year: \_\_\_\_\_

⇒ Grants or scholarships received [from where and how much]

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

⇒ Scholarships you have applied for [from where and how much]

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Henry R. Bell, MD Scholarship Fund**

# Applicants Employment Record [use additional sheet if needed]

List all employers, including duties, date of employment and supervisor's contact name/telephone

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

List High School name and all school activities and offices held through high school

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List community activities in which you have participated, including supervisor contact name and telephone

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**By signing below, I acknowledge that I have read and that I meet the qualifications, as outlined in the Henry Bell, MD Scholarship policy.**

\_\_\_\_\_  
Applicant printed name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date