
SCHOLARSHIP PROGRAM CRITERIA

The Mary Free Bed Guild has established annual scholarships for minority students pursuing degrees in nursing, physical therapy, occupational therapy, speech language pathology, therapeutic recreation, neuropsychology or orthotics/prosthetics. An individual is eligible to apply for a one-year scholarship for education-related expenses if he or she meets the established criteria. The scholarship amounts will vary depending on individual needs.

Eligibility Requirements:

- Black or African American, Asian, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native
- Citizen of the United States
- Demonstrates a commitment to serving diverse populations
- Cumulative college GPA of 3.0 or better on a 4.0 scale (overall and in the chosen area of study)
- Currently enrolled in, or accepted into an accredited college or university as a full-time, degree-seeking student in a nursing, therapeutic recreation, orthotics or prosthetics program; or as a graduate level physical therapy, occupational therapy, neuropsychology or speech language pathology student
- Must be a permanent resident in one of the following counties: Oceana, Newaygo, Mecosta, Muskegon, Montcalm, Ottawa, Kent, Ionia, Allegan, Barry, Eaton, Van Buren, Kalamazoo, Calhoun
- Demonstrates leadership abilities through participation in community service, extracurricular, or other volunteer activities

INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION

Please complete the application by typing or printing legibly. Only completed and signed applications will be considered. **Please submit the following items with this completed application form.**

1. Copy of your most recent **transcript of grades** from current or last school attended. **An official transcript from the school is required by the April 1, 2016 application deadline.**
2. **Three original letters of recommendation** from individuals who are not related to you, the applicant. One must be from a faculty advisor. At least one should reflect your interest in a nursing, therapy or neuropsychology career. All must be in original form, and must be signed and addressed to the Scholarship Selection Committee at the address noted below.
3. On a separate sheet of paper, please specify your involvement, and dates of participation, in **community service, extracurricular activities, volunteer involvement**, and any awards and honors you have received.
4. On a separate sheet of paper, please prepare a **personal statement**, not to exceed 1,500 words, indicating your interest in and commitment to a nursing, therapy, neuropsychology, orthotics or prosthetics profession, examples of your involvement in your minority community, your career goals, any other information on significant financial difficulties you are experiencing, and why you feel you should be selected to receive the scholarship.
5. Conduct research of Mary Free Bed Rehab Hospital through the website www.maryfreebed.com and/or other methods of your choice and include observation/comments in your personal statement or as an addendum.
6. Provide proof of citizenship.
7. Provide copy of driver's license or other State-Issued ID (copies of both front and back).
8. Provide a letter of acceptance into your chosen program.
9. Provide a copy of your complete Student Aid Report (SAR). This is obtained after filing your Free Application for Federal Student Aid (FAFSA) and must show the "Application Receipt Date:" "Processed Date:" and "EFC" (estimated family contribution).

Please submit your completed application to:

Attn: Human Resources Department

- Mary Free Bed Rehabilitation Hospital • 235 Wealthy SE • Grand Rapids, MI 49503-5299
- scholarship@maryfreebed.com • 616.840.8000 • 800.528.8989 ext.58667

Mary Free Bed Guild
Minority Scholarship Application
2016-2017 Scholarship Program
Deadline: Postmarked by April 1, 2016

APPLICANT'S PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle _____

Gender Female Male Date of Birth _____/_____/_____

Classification for 2016-2017 College Freshman College Sophomore College Junior
 College Senior Graduate-level Student

Type of Academic Program (please check one)

- Nursing (please specify ADN, BSN, MSN or other registered nurse program) _____
 Therapy (please specify OT, PT SLP, or Therapeutic Recreation) _____
 Orthotics and/or Prosthetics (please specify) _____
 Neuropsychology

Ethnicity

- Native Hawaiian or Other Pacific Islander Black or African American Hispanic or Latino
 American Indian or Alaskan Native Asian
 Two or more races (all persons who identify with more than one of the above six races)

Permanent/Home Address	Temporary/School Address (if different)
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

Email address _____

Day Telephone (_____) _____ Evening Telephone (_____) _____

FINANCIAL INFORMATION

Are you receiving other financial aid or support for the upcoming academic year? Yes No

Have you applied for the Mary Free Bed Scholarship in previous years? Yes No

Have you applied for other Scholarships? Yes No Have you applied for Financial Aid? Yes No

If no, why not? _____

A. INDEPENDENT STUDENT

-OR-

B. DEPENDENT STUDENT

Did you personally file income taxes for the previous tax year? Yes No

Did your parent or guardian file income taxes for the previous tax year? Yes No

If yes, number of dependents you claimed?

Did your parent or guardian claim you as a dependent? Yes No

Total number of dependents that your parent or guardian claimed?

Are you currently employed? Yes No Full or Part time? _____

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If Employed, where: _____

PROJECTED ANNUAL SCHOOL EXPENSES FOR 2016-17		PROJECTED SOURCES OF INCOME FOR 2016-17	
Tuition	\$ _____	Parents' Contribution	\$ _____
Room/Board or Other Housing Expenses	\$ _____	Grants – specify _____	\$ _____
Other Educational Expenses-specify _____	\$ _____	Scholarships – specify _____	\$ _____
Other Expenses-specify _____	\$ _____	Student Employment Income	\$ _____
Total Projected Expenses	\$ _____	Total Projected Contribution	\$ _____

How did you hear about the Mary Free Bed Scholarship Program?

- Friend School Fair
 Faculty Website
 Parent Other: please specify _____

ACADEMIC INFORMATION

Are you currently enrolled or accepted into a nursing, physical therapy, occupational therapy, speech language pathology, therapeutic recreation, neuropsychology or orthotics/prosthetics program at an accredited college or university in the upcoming academic year? Yes No

Expected Graduation Date from Program ____/____/____

List all high schools, colleges and universities attended, including current:

Name of School	Location	Dates Attended	Degree Received

School to which you would apply a MFB scholarship _____

AGREEMENT & TERMS OF MARY FREE BED SCHOLARSHIP APPLICANTS

I understand that the Mary Free Bed Scholarship Committee may request additional information, including a personal interview, to make a decision on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award.

If I am selected for this scholarship, I agree to provide a copy of my official transcript (grades) at the end of each semester.

I understand that scholarship funds may only be applied to offset financial obligations that I have incurred or reasonably expect to incur for tuition, room and board, and other educational expenses during the academic year. I further understand that if I receive a scholarship and accept the award, a check for my tuition, room and board (if applicable) will be paid directly to the college or university. I understand that I must submit documentation of other educational expenses, which, upon approval, will be reimbursed directly to me. I further understand that I am responsible for any tax liability incurred because of this award.

I certify that the statements that I have provided on this application are true and correct and are given for obtaining a Mary Free Bed scholarship. I authorize Mary Free Bed to verify the statements contained herein and I understand that all personal information contained on this application will be held in confidence by the Scholarship Selection Committee.

Applicant's Signature _____ Date _____

For questions or additional information please contact Human Resources at scholarship@maryfreebed.com

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