

SCHOLARSHIP OPPORTUNITIES

Fact Sheet

RONALD S. OWEN SCHOLARSHIP

- Who may apply? Children of Huntsville Hospital employees pursuing undergraduate degrees in any field of study.
- Criteria: Academic performance, extracurricular activities, community service, demonstrated leadership, and financial need.
- Parent must have been employed at Huntsville Hospital for at least one year, as of May 31, 2008.
- Children must be a dependent of the employed parent.
- This is a one-time scholarship.
- Amount of scholarship is **not predetermined** and will vary.

RUTH B. CAMP SCHOLARSHIP

- Who may apply? Nursing and paramedical students pursuing undergraduate and graduate degrees.
- Criteria: Academic performance, professional and personal characteristics, financial need, present need in the field of specialty for which funds are requested, and availability of scholarship funds.
- Service Commitment to Huntsville Hospital after receipt of scholarship is required

THE FOLLOWING APPLIES TO BOTH THE RUTH B. CAMP AND RONALD S. OWEN SCHOLARSHIPS

- Application must be complete with **all** information as asked, including salary information. **An incomplete application will not be considered.**
- All transcripts and letters recommendation must be provided by the student and turned in to the Foundation with completed application. The only exception to this rule will be as follows: If school will not provide an original transcript to the student, unofficial transcripts are acceptable and must be included in completed application. An original transcript may then be mailed to the Foundation.

**Application will be available online and in the Human Resources and
Foundation offices beginning February 1, 2008.**

Deadline for submission is May 30, 2008.

For more information, call 265-8077.

Ronald S. Owen Scholarship Application 2008 – 2009 School Year

PERSONAL INFORMATION

Name (First)	(Middle)	(Last)
Address		
City	State	Zip
Telephone Number	(Home)	(Work)
Date of Birth	Social Security #	
Email Address		

EMPLOYMENT INFORMATION If Applicable

Employer	From - To	Position
	-	
	-	
	-	

PARENT INFORMATION

Huntsville Hospital Parent's Name, Position and Employee Number	Department	Telephone Number	Years Employed

Parents' Combined Annual Income	\$
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EDUCATION INFORMATION

	Institution	From - To	Graduation Date	Cumulative Grade Point Average	Major
High School		-			
College		-			

COLLEGE INFORMATION

Where will you attend college during the 2008 - 2009 school year?

Will you be attending college on a full-time ____ or part-time ____ basis?

What is your major area of study?

ACTIVITIES

Please list all extra-curricular activities, community service activities and/or leadership positions:

HONORS & AWARDS

Please list honors and awards that you have received:

SCHOLARSHIPS & FINANCIAL AID

Are you receiving scholarships or financial aid from other sources during the 2008 - 2009 school year? _____

If so, please list below:

Name of Scholarship/Grant	Amount Received for the 2008 - 2009 School Year

ATTACHMENTS

Please include the following documents with this application.
An incomplete application will NOT be considered.

- ◆ Current transcript from high school or college
- ◆ Proof of acceptance by or enrollment in two- or four-year college or university
- ◆ Two letters of recommendation
 - Please ask that references include a return address and telephone number.
 - Have letters sent to the address listed below.
- ◆ One-page essay describing your career plans AND financial need for the Ronald S. Owen Scholarship.
- ◆ Signed Student Agreement and Parent Agreement. Agreement form is included in the application packet.

STUDENT AGREEMENT

I have read the scholarship agreement and will comply with its terms if selected to receive the Ronald S. Owen Scholarship. I understand that falsification of any information on this application will be just cause for immediate termination of this agreement and will make the scholarship repayable as described in the contract.

Student Signature _____ Date _____

PARENT AGREEMENT

I certify that I have been an employee of Huntsville Hospital for at least one year, that I am authorized to work at least 24 hours per week, and that I am eligible for benefits.

Parent Signature _____ Date _____

**Please Return Completed Application Package To:
Ronald S. Owen Scholarship Committee
Huntsville Hospital Foundation
101 Sivley Road
Huntsville, AL 35801**

**APPLICATIONS MUST BE RECEIVED IN THE
FOUNDATION OFFICE BY MAY 30, 2008
Scholarships will be awarded in July 2008**

For more information, call Huntsville Hospital Foundation, (256) 265-8077