



## Application for State Tech Student Health Professions Scholarship

Application Deadline - Oct 10th, 2025

<b>APPLICANT INFORMATION</b>			
Last Name:	First Name:	Middle Initial:	
Maiden Name/Other Names Used:		SSN#:	
Address:		Telephone (home): (        )	
City:	State:	Zip:	County:
E-mail:	Telephone (cell): (        )		
How long have you lived at your address?			
Are you a dependent of a St. Mary's Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you eligible to work in Missouri two years following graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you learn about the St. Mary's Foundation Scholarship Program?			
<b>PROGRAM TYPE</b>			
Indicate the program in which you are enrolled in or to which you have been accepted			
<input type="checkbox"/> Medical Radiologic Technology			
<input type="checkbox"/> Nursing			
<input type="checkbox"/> Physical Therapy Assistant			
<input type="checkbox"/> Biomedical Engineering Technology			
<input type="checkbox"/> Other Licensed and/or Registered Profession _____			
<b>** PLEASE SUBMIT AN ORIGINAL TRANSCRIPT WITH THIS APPLICATION FOR EACH **</b> <b>PRIOR ACADEMIC INSTITUTION ATTENDED. IF YOU HAVE A GED, INCLUDE</b> <b>THE ORIGINAL TRANSCRIPT WITH SIGNATURE.</b>			
Circle the highest grade completed: <b>High School:</b> 9 10 11 12 <b>GED</b> <b>College:</b> 1 2 3 4			
High School Attended and Location:			Graduation Date:
Technical/Vocational School Attended and Location:		Dates Attended:	Degree Earned:
College/University Attended and Location:	Dates Attended/Hours:	Graduation Date:	Degree Earned:

**All information is confidential and for programmatic purposes only.**  
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College/University Attended and Location:	Dates Attended/Hours:	Graduation Date:	Degree Earned:
<b>** IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET. **</b>			

<b>ENROLLMENT VERIFICATION</b>			
Name of School/College/Institution:		Address:	
Contact Person:	Title of Contact Person:		Telephone: (      )
Current Year in the Program:	Academic Year:	Program Start Date:	Cost per semester?
<b>APPLICANT MUST SHOW EVIDENCE OF ACCEPTANCE TO AN ACADEMIC PROGRAM AND SHOW PROOF OF ENROLLMENT.</b>			
<b>EMPLOYMENT</b>			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	Do you plan to remain with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name and address of employer:		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Phone: (      )	
<b>PERSONAL STATEMENT</b>			
<p><b>On a separate sheet, submit a personal statement describing your commitment to provide health care in Missouri.</b></p> <p>This statement is not to exceed one single-spaced typewritten page. Please also attach a listing of extracurricular, community, volunteer or health care activities you have been involved with. (It is important for the selection committee to have this information from all applicants.)</p>			
<p style="text-align: center;"><b><u>APPLICATIONS MUST BE RECEIVED BY 4:30 P.M. October 10th.</u></b></p> <p style="text-align: center;"><b>INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. QUESTIONS REGARDING THE APPLICATION AND SELECTION PROCESS SHOULD BE DIRECTED TO THE ST. MARY'S FOUNDATION DEVELOPMENT OFFICE AT 573-681-3742 or email at tori.baker @ssmhealth.com</b></p>			
<p><i>I certify that the information contained in this application is true, complete, and correct to the best of my knowledge, and that all funds will be used for educational-related expenses in the current academic year. I hereby authorize the release of personal, scholastic, and financial information related to my educational status from any academic institution I have attended in the past, am currently enrolled or may be enrolled as a student in the future, to the St. Mary's Foundation Scholarship Committee.</i></p>			
Signature of Applicant:	Date:		

**NOTE:** This student scholarship program is a competitive process, and only eligible applications will be evaluated. All eligible applications may not receive funding. The scholarship application must be completed in its entirety to be eligible for consideration.

**All information is confidential and for programmatic purposes only.**  
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## Application Instructions for State Tech Student Health Professions Scholarship

### Overview

In 2023, the SSM Health St. Mary's Hospital – Jefferson City Foundation announced a scholarship program for vocational students seeking an educational degree or certificate in a health care field. The program is designed to assist current students enrolled in academic health care programs pursuing careers in health care professions.

### Who is Eligible?

To be eligible for a student health professions scholarship, you must:

- ✓ Be a college student majoring in a health care program; a vocational student seeking an associate degree or certificate in a health care field; or a student seeking a post graduate degree in a health care field.
- ✓ Have permanent residence in Cole, Osage, Miller, Moniteau, Callaway, Gasconade, Maries, Camden, or Morgan counties for at least one (1) year prior to the application date or be a dependent of a St. Mary's employee.
- ✓ Show proof of enrollment in an accredited technology center, junior college or degree granting institution, and show evidence of acceptance to an academic program of study in a health care field.
- ✓ Show proof of having completed at least one-half of an established curriculum or degree program, prior to receiving the funds.
- ✓ Hold a minimum of a 3.0 GPA or above, on a 4.0 GPA scale, or an equivalent rating on a comparative GPA scale.
- ✓ Complete all required application information by the application deadline of **October 10th, 2025**.

### Complete applications will include:

- A completed application form with all requested information attached.
- An original transcript in an official sealed envelope.
- Official verification of acceptance into a health professions academic program, or if you are currently enrolled in an academic program that meets the criteria of the scholarship guidelines, provide official verification of current enrollment in good standing.
- Completion of personal statement.
- At least one letter of reference from a school advisor, school instructor, financial aid counselor, work supervisor, or social service personnel.

### How Much Can I Receive?

Scholarships vary up to a maximum of \$1,500 per applicant, per year.

### How Are Recipients Chosen?

A selection committee is comprised of members of the St. Mary's Foundation board of directors and administrative staff. Applications will be screened for eligibility prior to being reviewed by the selection committee. Applicants will receive letters of acceptance, or denial of scholarships in early November.

### How Do I Apply?

Application forms for the Student Health Professions Scholarship are available, upon request, from the St. Mary's Foundation Development Office by calling (573)681-3742, or by visiting our website at [www.givetossmhealth.org/stmarysjc](http://www.givetossmhealth.org/stmarysjc).

**NOTE: It is the applicant's responsibility to ensure that all parts of the application are properly completed and delivered by the deadline date. Incomplete applications will not be considered. Mail all application**

materials to the SSM Health St. Mary's Hospital – Jefferson City Foundation, Development Office, 2505 Mission Drive, Jefferson City, MO 65109.

**Need More Information?**

Contact: [tori.baker@ssmhealth.com](mailto:tori.baker@ssmhealth.com)  
Phone: 573-681-3742