

**CHRISTUS GOOD SHEPHERD MEDICAL CENTER-MARSHALL
2018 POLLY CARGILL NURSING SCHOLARSHIP APPLICATION**

Brothers Jerry and Jack Cargill, who grew up in Marshall, established the scholarship fund in 2003 to honor the memory of their mother. Awarded annually, the ongoing scholarship program plays a significant role in providing quality healthcare to the people of East Texas while making dreams of aspiring nurses a reality. The 2018 Polly Cargill Nursing Scholarship application is now available online.

APPLICATIONS MUST BE RECEIVED NO LATER THAN 5 P.M. THURSDAY, JUNE 1, 2018.

If hand delivered, please return to:

ATTN: Keith Kirbow
First Floor Nursing Administration
811 South Washington Avenue
Marshall, Texas 75670
903-927-6704

If mailed, please send to:

Polly Cargill Nursing Scholarship
Christus Good Shepherd Medical Center-Marshall
ATTN: Keith Kirbow
P.O. Box 1599
Marshall, Texas 75671

SCHOLARSHIP:

Amount: varies
Final Award Selection: **June 15, 2018**
Frequency: Applications are accepted annually **March 1-June 1**

REQUIREMENTS

Accepted to or currently attending a full-time nursing program at an accredited institution. No applications will be accepted after **June 1, 2018**.

SELECTION

Applications will be reviewed by a panel. The winner will be selected based on the student's references, academic and community achievement, and adherence to application requirements.

APPLICATION

READ CAREFULLY AND PRINT OR TYPE.

PERSONAL INFORMATION

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____
SOCIAL SECURITY NUMBER (ONLY LAST 4 DIGITS) _____

ACADEMIC INFORMATION

HIGH SCHOOL ATTENDED: _____
DATE OF HIGH SCHOOL GRADUATION OR GED: _____
COLLEGE(S) ATTENDED/DATES OF ATTENDANCE:

DATE:	COLLEGE:
_____	_____
_____	_____
_____	_____
_____	_____

ACTIVITIES, EXTRACURRICULAR DURING HIGH SCHOOL OR COLLEGE:

COMMUNITY SERVICE:

WORK EXPERIENCE/HISTORY:

ARE YOU CURRENTLY AN RN? _____

WHAT CERTIFICATION OR DEGREE ARE YOU PURSUING? _____

ANTICIPATED DATE OF GRADUATION/COMPLETION OF NURSING EDUCATION: _____

ATTACH THE FOLLOWING:

- ___ Complete official college transcript(s) – sealed envelope, no copies or emails
- ___ Documentation of Acceptance into Nursing Program
- ___ **Two** personal reference letters-preferably not from family members. Employers or educators are preferred; letters from nursing education professionals are most significant, so **one letter of recommendation** must be from the Dean of Nursing or Primary Professor.
- ___ An essay of no more than 150 words focusing on your unique qualities, skills, and achievements not previously mentioned; your financial need or hardships if applicable; and your reasons for choosing a career in nursing

GENERAL RELEASE

The applicant hereby grants permission to release student transcripts and other documentation records to the review committee and scholarship donors for the sole purpose of determining the applicant's eligibility to receive the Polly Cargill Scholarship. The applicant understands that failure to maintain his/her eligibility status on an ongoing basis may result in the cancellation of future scholarship awards. The applicant further agrees to make her/himself reasonably available for interviews and/or attendance at functions associated with the scholarship and its donors. Students may be required to apply each academic semester.

APPLICANT'S SIGNATURE: _____ **DATE:** _____