January 20, 2016

Stephen F. Austin State University
Office of the Registrar
P. O. Box 13050, SFA Station
Nacogdoches, TX 75962-3050

To whom it may concern:

It is again my pleasure to inform you of the Medical City Dallas Hospital Auxiliary Scholarships. They are being offered to students who are currently enrolled in the study of healthcare, EXCLUDING PRE-MED. Five general scholarships are in the amount of $2500. The sixth one, named the “Sheila R. Everly Nursing Scholarship”, created to carry on the legacy of nursing excellence set forth by Sheila R. Everly, former Chief Nursing Executive at Medical City, is in the amount of $3,000. It will be awarded to an exceptional student. Recipients will be selected in June of this year.

Enclosed are copies of the policies and procedures for applying for a scholarship and three applications. If necessary, you may reproduce the papers and distribute them to students as needed.

We are looking forward to hearing from some of your students. If I can be of any help to them, please have them call me at 972-335-8260 or send me an e-mail at calbear58@verizon.net.

Respectfully yours,

Susan Evans-Lombe

Susan Evans-Lombe, Chairman
Scholarship Committee
Written Policy for Scholarship Grants

A. Criteria for selecting recipients:
   1. Applicants must have a sound educational background and proven record of
      achievement.
   2. **MUST BE WORKING TOWARD A HEALTHCARE DEGREE EXCLUDING
      PRE-MED, AND BE ENROLLED IN THE DEGREE PROGRAM**
   3. Must have completed 60 credit hours towards a healthcare bachelor's degree or 30
      credit hours towards a healthcare associate’s degree by the end of spring 2016
      semester.
   4. In need of financial assistance which cannot be provided by family
   5. Willing, but not required, to consider employment at Medical City Dallas after
      graduation
   6. Must be a citizen of the United States, or a permanent resident

B. Procedure for selecting recipients:
   1. Application must be post-marked by May 31, 2016.
   2. The Scholarship Committee will review all applications in June.
      (The committee includes: Volunteer Scholarship Chairman, Director of Nursing, Volunteer
      Coordinator, and at least two active members of the Medical City Dallas Auxiliary)
   3. The Scholarship Committee will make final decisions. All applicants will be notified
      of the committee’s decisions by June 30, 2016.

C. Method of distributing the Scholarship Monies:
   1. The scholarship award money for each recipient will be sent directly to the healthcare
      degree program’s Department of Financial Aid.
   2. This will be disbursed for the Financial Aid Office to the student, as needed for the
      registration fees, books, lab fees, and other approved course related expenses.
   3. **ANY MONIES NOT USED FOR THE ABOVE EXPENSES BY THE END OF
      THE SCHOOL YEAR WILL BE GIVEN TO THE STUDENT** as the balance of
      their scholarship award.
   4. The board of directors of the Medical City Dallas Auxiliary will discuss the
      probability of future awards on an annual basis. Medical City Dallas is a tax-exempt
      corporation.

Please direct any further questions to: Susan Evans-Lombe, Scholarship Committee Chairman
Susan Evans-Lombe
Scholarship Committee Chairman
Medical City Dallas Auxiliary
8416 Brooksby Drive
Plano, TX 75024
Phone: 972-335-8260
Email: calbear58@verizon.net
MEDICAL CITY DALLAS AUXILIARY
SCHOLARSHIP APPLICATION
(PLEASE PRINT LEGIBLY OR TYPE)

Name__________________________________________________________

Local Address__________________________________________________________________________

City, State, Zip Code_________________________ Telephone______________________________

Social Security_______________________________ Birthdate______________________________

E-Mail Address________________________________________________________________________

Completed 60 credit hours towards a healthcare bachelor’s or 30 credit hours towards a healthcare associate’s degree by the end of spring 2016 semester?________________________

Enrolled hours per semester____________________ (Minimum 12 Hours)

School Attending______________________________________________________________

Major Course of Study________________________ Have you completed one year?__________

Tentative Career Plans__________________________________________________________

List type & amount of financial aid you’re receiving (Scholarships or grants________________________

______________________________________________________________

Are you a citizen of the United States?_______ If no, are you a permanent resident?_____

Are you presently employed?___________ If yes, where?______________________________

Department__________________ Supervisor__________________ Phone______________

Extra-curricular activities and interests_______________________________________________

On a separate sheet of paper, briefly explain in one page (printed or typewritten) why you should be considered for this scholarship and how you would benefit. Please indicate your financial need (be specific). We ask that you return the separate sheet of paper, this scholarship application, two written personal references (no relatives or school friends) and an official copy of your current college transcript (through May, 2016) to:

MEDICAL CITY DALLAS AUXILIARY
ATTN: SUSAN EVANS-LOMBE, CHAIRMAN, SCHOLARSHIP COMMITTEE
8416 BROOKSBY DRIVE
PLANO, TEXAS 75024

Deadline for your application is May 31, 2016. If you have questions, please call Susan Evans-Lombe at 972-335-8260 or e-mail her at calbear58@verizon.net