



Application for State Tech Student Health Professions Scholarship

Application Deadline - **March 3, 2025**

APPLICANT INFORMATION			
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?			
PROGRAM TYPE			
Indicate the program in which you are enrolled in or to which you have been accepted <input type="checkbox"/> Medical Radiologic Technology			
** PLEASE SUBMIT AN ORIGINAL TRANSCRIPT WITH THIS APPLICATION FOR EACH ** PRIOR ACADEMIC INSTITUTION ATTENDED. IF YOU HAVE A GED, INCLUDE THE ORIGINAL TRANSCRIPT WITH SIGNATURE.			
Circle the highest grade completed: High School: 9 10 11 12 GED College: 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:
** IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET. **			

ENROLLMENT VERIFICATION			
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?
APPLICANT MUST SHOW EVIDENCE OF ACCEPTANCE TO AN ACADEMIC PROGRAM AND SHOW PROOF OF ENROLLMENT.			
EMPLOYMENT			
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: ()	
PERSONAL STATEMENT			
<p>On a separate sheet, submit a personal statement describing your commitment to provide health care in Missouri. 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. <i>(It is important for the selection committee to have this information from all applicants.)</i></p>			
<p><u>APPLICATIONS MUST BE RECEIVED BY 4:30 P.M. March 3, 2025.</u> 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</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.

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