



Employee Scholarship

Application Deadline - 4:30 p.m. – March 3, 2025

Please Check One:

☐ **Regular Applicant**
☐ **Jackson Browning Scholarship**
☐ **Mary “Tess” Cleary Scholarship**

APPLICANT INFORMATION			
Last Name:		First Name:	
		Middle Initial:	
Address:		Telephone ()	
City:	State:	Zip:	County:
E-mail:		SSN#:	
Are you eligible to work in Missouri two years following completion of the program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EDUCATION			
Circle the highest grade completed: High School: 9 10 11 12 GED College: 1 2 3 4			
PROGRAM TYPE AND COURSE			
Indicate type and name of the course/program in which you are enrolled in or to which you have been accepted			
<input type="checkbox"/> Independently established course _____			
<input type="checkbox"/> Professional Accreditation _____			
<input type="checkbox"/> Continuing Education _____			
<input type="checkbox"/> Other Licensed or Registered Profession _____			
Provide a brief description of the course or program:			
Name of Program/School/College/Institute:		Address:	
Contact Person:	Title of Contact Person:		Telephone ()
Program Start Date:	Program End Date:	Total cost of program/course?	
** PLEASE SUBMIT AN ORIGINAL TRANSCRIPT WITH THIS APPLICATION** ** Attach a schedule of fees and proof of enrollment or acceptance **			

All information is confidential and for programmatic purposes only.

EMPLOYMENT		
Are you presently employed by St. Mary's? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:	Do you plan to remain with St. Mary's? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Department/Unit:	Ext:
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Work Supervisor or Director:	Ext:

PERSONAL STATEMENT	
<p>On a separate sheet, submit a personal statement describing your commitment to SSM Health St. Mary's Hospital – Jefferson City. Include information detailing the need and benefits of the training/education. This statement is not to exceed one single-spaced typewritten page. On a separate sheet list your extracurricular, community, volunteer or health care activities. <i>(It is important for the selection committee to have this information from all applicants.)</i></p>	
REFERENCE (Current Employer)	
<p>Applicant must be an employee in good standing for 12 consecutive months at the time of application. Include at least one letter of reference from a work supervisor or director.</p>	
<p align="center"><u>APPLICATIONS MUST BE RECEIVED BY 4:30 P.M. CDT, 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. 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 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.**