



Fairfield Medical Center

Scholarship Application

In order to be considered for a Fairfield Medical Center (FMC) Scholarship please complete this application and return it to the Human Resources Department, 401 N. Ewing Street, Lancaster, Ohio, 43130. Attn: Human Resources Manager.

Eligibility Requirements:

Applicants must:

- Currently be enrolled in an accredited two or four year allied health care program
- Maintain a GPA of 2.5 or higher
- Must present proof of current enrollment to an accredited university or college
- Have an anticipated graduation date

Application Process:

To apply, employees must submit the following:

- A completed scholarship application form
- One personal reference letter and one from a college professor
- Personal statement of purpose: Your statement should include information that would help us in knowing you, why you are applying for this scholarship, reasons for choosing your professional goals and long range plans after graduation. Please include how your intended degree relates to the mission of the Fairfield Medical Center. Please limit to one or two double-spaced typed pages.
- Proof of current enrollment to an accredited university or college (example: statement of account)
- Incomplete applications will not be accepted



Fairfield Medical Center

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| Please print clearly. If possible type your application and statement of purpose. | |
| Last Name: | First Name: |
| Address: _____ _____ | Contact Phone #: |
| Personal Email: | |
| Department: <input type="checkbox"/> Respiratory <input type="checkbox"/> Lab <input type="checkbox"/> Other | |
| University or College: | Have you been formally accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Cumulative GPA (if applicable): | Major: |
| Current Academic Rank (circle) FR SO JR SR GRAD | Anticipated Date of Graduation: |
| Address of College/University: Street: _____ Phone: _____ City: _____ Zip: _____ | |
| For FMC Employee Only: | |
| Employee #: | FMC email: |
| Status: FT <input type="checkbox"/> PT <input type="checkbox"/> CNT <input type="checkbox"/> | Date of hire: |

Please make a copy for your records and submit all application materials to:

Human Resources
 Attn: Human Resources Manager
 401 N. Ewing Street
 Lancaster, Ohio 43130
 740.687.8122
 740.687.8633
Missy@fmchealth.org

I have been given, read and understand the FMC Scholarship Program for Hard-to-Recruit Positions (AHR-14-118) and certify that the information on this form is true and complete to the best of my knowledge.

Signature

Date