**THE HEALTH ALLIANCE OF CLINTON COUNTY**

**MEDICAL SCHOLARSHIPS**

***Provided with Appreciation and Thanks***

***to the***

***Community Of Clinton County***

***for their generous support***

 **April 2022**

**THE HEALTH ALLIANCE OF CLINTON COUNTY SCHOLARSHIPS**

**GENERAL INFORMATION**

**PURPOSE: The Health Alliance of Clinton County will award medical scholarships each year to assist employees working in a medical field/office within Clinton County.**

**ELIGIBILITY: The HACC Scholarships are open to all Clinton Memorial Hospital Regional Health System employees and to employees of a Health Care Providers’ office within Clinton County (including physicians, dental, pharmacy, hospice, EMS, and Drayer Rehabilitation) who have worked at that place of employment for at least one year by the time of the application due date of September 1, 2022.**

**SCHOLARSHIPS: Medical Scholarships in the amount of $2,000.00 each will be given in 2022. Scholarships will be awarded to an employee pursuing a degree, advanced degree or certification in any healthcare field. This employee must continue to work with the said employer during the period of the scholarship or the eligibility will cease, unless employment is terminated under no fault of the recipient due to dismissal or layoff. Should the recipient terminate his/her employment during the period of the scholarship, the recipient agrees to repay the scholarship amount received to The Health Alliance of Clinton County upon request of the committee.**

**The committee reserves the right not to award a scholarship if there are no qualified applicants.**

**PAYMENT: The recipients will be required to supply or assist the HACC in getting the needed college information and documentation from their college/university of their classes, hours being taken and their expenses to be incurred: his/her tuition, registration, general fees, and lab fees. Up to $1,000.00 (1/2 of the yearly scholarship) will be paid directly to the financial office of the college/university per semester. For any remaining scholarship funds over the amount paid directly to the school, the recipient may submit receipts for other expenses such as books. Travel expenses are not eligible. If attending a For Profit college, we may need additional information.**

**If only one semester is attended within that year, the recipient will receive the $1,000.00**

**for that semester but the remainder of the scholarship for that year will be forfeited.**

**Requests for payment must be submitted to the HACC Scholarship Fund, c/o Patti Settlemyre, Ch., 798 West Road, Martinsville, Ohio 45146.**

**Any previous recipient of a scholarship may reapplyfor another scholarship but will be required to compete against a new field of candidates.**

**Please submit all completed applications to the HACC before the deadline date of 9/01/2022.**

**Applications should be mailed to: HACC Scholarship Fund**

 **c/o of Patti Settlemyre, Ch.**

 **798 West Road**

 **Martinsville, Ohio 45146**

**If you have questions, please call Patti Settlemyre at 937-728-7885.**

**Please leave your name, phone number and your question and I will return your call.**

**You may also send an email to** **pattisettlemyre@gmail.com** **(Please put HACC Scholarship in the subject box)**

**The Health Alliance of Clinton County Scholarship Committee: Patti Settlemyre, (Chair), Carolyn Matthews, Frances Sharp, Patricia Richardson and ex-officio, President, Patti Cook.**

**THE HEALTH ALLIANCE OF CLINTON COUNTY SCHOLARSHIP APPLICATION**

 **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr.\_\_\_\_ Ms.\_\_\_\_ Mrs.\_\_\_\_**

 **Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Daytime phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email address (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Employer’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Current Job and Work Experience With Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Previous Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Previous Work Experience With Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Plans for your Future \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Other activities, including volunteer activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Have you received disciplinary action with your employer within the past 12 months? Yes\_\_\_\_\_\_ No\_\_\_\_\_**
7. **Please include a short essay of 250-500 words (on an attached sheet) explaining why you should be the recipient of this scholarship. Include in your essay your support of quality care, its relationship to patient care and what it means to you.**
8. **References: Please obtain three written references. One from your Employer, Office Manager or Supervisor and two other references of your choice. The reference must not be from a family member and should contain (a) name of the applicant and the length of time you have known the applicant; ( b) what relationship have you had with the applicant ( i.e.--Business associate, friend, pastor); (c) would you recommend this applicant for the HACC Scholarship and for what reasons.**
9. **References should be mailed to: HACC Scholarship Fund**

 **c/o Patti Settlemyre, Ch.**

 **798 West Road**

 **Martinsville, Ohio 45146**

 **The references must be received by Thursday, September 1, 2022.**

 **There are no exceptions or extensions.**

 **10. The deadline for this application is Thursday, September 1, 2022.**

 **There are no exceptions or extensions.**

**This will confirm that the information I have submitted in connection with my application for this scholarship is accurate to the best of my knowledge. I authorize the HEALTH ALLIANCE OF CLINTON COUNTY (HACC) to verify my employment, check any and all references and to confirm the extent of any disciplinary action received within the past 12 months. Receipt of this scholarship does not create a contract of employment, express or implied.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print name) hereby release the HEALTH ALLIANCE OF CLINTON COUNTY (HACC), its agents, representatives and my employer from any and all liability for any reason. I understand that if I become a final candidate for this scholarship I may be required to furnish additional information or documentation. If attending a For Profit college, additional information concerning the**

**College will be needed to comply with Ohio tax laws.**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLEGE/UNIVERSITY INFORMATION**

**AUTHORIZATION RELEASE FORM**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name), authorize the Health Alliance of Clinton County (HACC) to request and receive a copy of my expenses incurred or will be incurred (tuition, registration, general fees, lab fees and books) and a list of my classes and hours being taken at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print College Name) for the term year of the scholarship being received.**

**Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attention To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**