

PURPOSE

The OGHS Foundation is concerned that the educational opportunities for individuals interested in healthcare may not be realized due to financial constraints. The purpose of this scholarships is to encourage deserving applicants to pursue healthcare related studies and to encourage these individuals to seek employment within St. Landry Parish upon graduation.

CRITERIA

Scholarships will be awarded based on academic background, likelihood of completing degree or program, financial status, the availability of resources and funding, your chosen medical career and the needs of Opelousas General Health System. All applicants must be current residents of St. Landry Parish or employees of OGHS. **If you are currently receiving or are eligible for a TOPS Scholarship, you would not qualify for this scholarship as it only pays for tuition assistance TOPS does.**

AWARD

Scholarship amounts will be determined by the aforementioned criteria and may be used to further education in medical fields such as nursing, respiratory therapy, medical technology, medical records, medical office assistant, patient care technician and other healthcare related fields as approved by the scholarship committee. Scholarship amounts may include partial or full payment of tuition to **Louisiana State University at Eunice (LSUE), Louisiana State University at Alexandria (LSUA), University of Louisiana at Lafayette (ULL), Southern University, or South Louisiana Community College - TH Harris and Lafayette campuses only.** Student fees, books and other costs will not be reimbursed. Scholarship funds will be paid directly to the educational institution.

PROCESS

Application forms must be submitted with a photo of applicant (at least a 4x6), two letters of recommendation, original official high school transcript/GED and original, **official, sealed** post-secondary transcript (college) if applicable. All documents, including application, should be submitted to the Foundation Office by mail postmarked no later than **March 18, 2022**. Applications may be mailed to the following address: 629 E. Prudhomme Drive, Opelousas, LA 70570. All applications will be considered without regard to race, sex, national origin, age, physical or mental impairment or veteran status. Applications will be reviewed by the Scholarship Selection Committee and the top candidates will be called for interviews with the committee. The final decision will be made and approved by the Scholarship Selection Committee and is not subject to appeal. Scholarships will be awarded in May. If you have additional questions, please feel free to call the Foundation Office at 337-678-4266.

INSTRUCTIONS: Please fill out the ENTIRE application. Do NOT leave anything blank. Any application with sections that are left blank will be considered *INCOMPLETE* and will not be reviewed.

APPLICANT INFORMATION

Last Name _____ First Name _____ MI _____

Nickname/Name You Go By _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____ Social Security Number _____

Please check the school planning to attend:

- | | | |
|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> LSUE | <input type="checkbox"/> SOUTHERN | <input type="checkbox"/> SLCC-TH HARRIS |
| <input type="checkbox"/> LSUA | <input type="checkbox"/> ULL | <input type="checkbox"/> SLCC - LAFAYETTE |

Planned Major: _____

Most Recent ACT Score (if applicable) _____

Are you a current resident of St. Landry Parish? Yes No

EDUCATIONAL HISTORY

Along with this application, you must submit an an **original official sealed transcript** for each secondary and post secondary academic institution attended. If you have a GED, include the original transcript with signature.

Check the highest grade completed

- 7th 8th 9th 10th 11th 12th
College 1 Yr 2 Yr 3 Yr 4 Yr

MOST RECENT SCHOOL

School's Name _____

Address _____

City _____ State _____ Zip _____

Dates Attended: From _____ To _____ GPA _____ Graduate? ___ Yes ___ No

Degree Received _____

HIGH SCHOOL (IF NOT ALREADY LISTED UNDER MOST RECENT SCHOOL)

School's Name _____

Address _____

City _____ State _____ Zip _____

Did you graduate? ___ Yes ___ No GPA _____ Graduation Date _____

PROGRAM ENROLLMENT INFORMATION

This entire section must be completed. This section is to be completed and signed by a representative of the program you will be attending OR attach a copy of your acceptance letter and fill out this section.

Name of Program Enrolled In _____

Institution's Name _____

Address _____

City _____ State _____ Zip _____

Name of Contact Person _____ Title _____

Phone of Contact Person _____ Academic Year Applied In _____

Program Start Date _____ Current Year in Program _____ Projected Graduation Date _____

Estimated Tuition per Year _____ Estimated Tuition per Semester _____

Signature of School Representative _____ Date _____

SCHOOL COST ESTIMATION

This entire section must be completed. For the coming school year of 2022-2023, estimate your expense for:

LIVING EXPENSES: Check the item that best describes your situation.

There will be no substantial change in living arrangements and expenses when you start school. (e.g., *You are living independently or with family now and will continue to do so*)

When you start school, you will be moving from home/family (where your living expenses are paid) to new accommodations (such as a dorm or apartment) that will involve much more expense. How do you expect to pay the additional expense? Be specific:

Other; explain _____

RESOURCES: Enter the amounts you have or hope to have to fund your education (in the coming school year only)

Support/Gifts from parents or family \$ _____

Federal or State Grants \$ _____

Describe _____

Scholarships you have already received \$ _____

Describe _____

Scholarships you have applied for or will apply for \$ _____

Describe _____

Student Loan \$ _____

Other \$ _____

Describe _____

Do you currently receive a TOPS Scholarship? Yes No

Will you be eligible for TOPS in the coming year? Yes No

If not, why not? _____

EMPLOYMENT HISTORY

If additional space is needed, please attach a separate sheet with information. If you have never been employed, please indicate that below.

Most Recent Job First

Company Name #1 _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Type of Business _____ Type of Work _____

Dates Employed _____ to _____ Reason for Leaving _____

Company Name #2 _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Type of Business _____ Type of Work _____

Dates Employed _____ to _____ Reason for Leaving _____

PROFESSIONAL LICENSES/CERTIFICATES

Do you currently have a professional license or certification? Yes No

If so, list type of license/certification _____

If you do have a current professional license/certificate, has your license ever been suspended or revoked?

Yes No

What certification, licensure, or degree will you be eligible for upon completion of the program?

ADDITIONAL QUESTIONS

This entire section must be completed.

Why are you interested in a career in health care?

What do you see as the greatest challenges to providing high-quality healthcare in St. Landry Parish?

Please state any other information that you believe would be helpful to the Scholarship Selection Committee and the Foundation Board Members.

How did you hear about the OGHS Foundation Scholarship Fund?

APPLICANTS CHECKLIST

All documents must be submitted in order to be considered as a scholarship.

- _____ Completed application including all signatures. Incomplete applications will not be accepted
- _____ 4 x 6 Photo of Applicant
- _____ Original, official high school transcript or GED
- _____ Original, SEALED official post-secondary transcripts (i.e., colleges, universities, technical schools)
- _____ Copies of any current professional licenses/certifications (if applicable)
- _____ Two letters of recommendation in sealed envelopes

I certify that the answers given on this application are true and understand that false answers will disqualify me from consideration from the OGHS Foundation Scholarship. I authorize investigation of all statements in this application. I understand that submission of an application does not mean I will automatically receive a scholarship and that a committee and the OGHS Foundation Board of Directors will make the final decisions.

Printed Name of Applicant _____ Date _____

Signature of Applicant _____