



Methodist Hospital | Stone Oak Scholarship Application

Cover Page & Check List

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

- Scholarship Application
- Essay
- Recommendation Letter + Recommendation Form
- Official Transcript



A Career in Healthcare - Scholarship

School Year 2019-2020

Dear Graduating Senior,

Methodist Hospital Stone Oak is happy to support the dreams and aspirations of students who desire to pursue a career in healthcare. The healthcare industry is alive and well and is guaranteed to provide significant career opportunities for years and years to come for everyone from providers at the bedside to the many team members in hospital settings that support those who take care of patients. Without question we need to continue to develop strong leaders in all aspects of what we do to make sure that the right decisions are made and the right care is delivered to take care of our communities.

If you think you could be the next doctor, nurse, administrator, therapist, pharmacist or technician to make the difference in peoples' lives, I strongly encourage you to make application for one of four \$1500 scholarships Methodist Hospital Stone Oak is offering this year.

Students eligible to apply for this scholarship must be a graduating high school senior in the San Antonio or surrounding areas in pursuit of a higher-education degree within the field of healthcare.

Please read all instructions before completing each form. Print clearly in ink or provide in a typewritten format. Use your correct legal name. If your name or address should change prior to notification of scholarship decision, please send notification to the address listed below. **A complete application packet is necessary for application to be considered for the Methodist Stone Oak Scholarship.** The complete packet you submit must contain the following:

- ***Scholarship Cover Page & Checklist***
- ***Scholarship Application.*** Provide all requested information and sign the form. If you are an applicant under 18yrs of age, please have your parent or guardian also sign the form.
- ***Essay Prompt: Why have you chosen to pursue a career in healthcare? What goals have you set for yourself? What motivates you to pursue this goal against all odds?*** This should be typed on a separate page headed with your name and title of your Essay.
- ***At least One Recommendation Form in sealed envelope.*** Provide the recommendation of someone you have encountered through your education years, current or former teacher or mentor excluding family members. Recommendations are an important part of the application.



Print or type your name, check your choice with respect to waiving your right of access, and sign and date each form. Every recommender should return the completed recommendation form and letter to you in a sealed envelope. **Note: Each recommendation letter needs to include a recommendation form or the letter will not be considered.**

- **Official Transcripts.** An official transcript is required from each high school that you have attended. Transcript costs are the applicant's responsibility. Transcripts should contain the school seal in order to be considered official. No photocopies of an official transcript will be accepted. Please give your school officials plenty of notice to prepare your transcript. You may have the transcript sent directly to Andrea Barton at the address below.

***Please note, it is easiest to send all application items in one packet to prevent one or more pieces from getting misplaced. You may send them separately, but run the risk of an item being lost in the mail and your application being considered incomplete. You will only be notified that your application was incomplete after the finalists have been chosen.***

Resubmission attempts will not be accepted so please ensure that each piece of your application is present and correct before mailing. All parts of the application must be postmarked no later than **March 13<sup>th</sup>, 2020**. Please contact Andrea Barton if you have any questions about the application process.

**Send application, essay, recommendation letter and official copy of your high school transcript to:**

Andrea Barton  
Methodist Hospital | Stone Oak  
1139 E. Sonterra Blvd.  
San Antonio, TX. 78258  
(210) 638-2130

It is a pleasure to be part of your Stone Oak community and we look forward to helping more students achieve their professional goals.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Strode".

Marc Strode  
Chief Executive Office



## Application

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Name of High School you attend: \_\_\_\_\_

1. Applicant's full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Student's Phone Number \_\_\_\_\_  
E-Mail address: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_
5. Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_
6. Have you applied for admission to a college, university or technical school? Yes\_\_ No\_\_
7. Have you been accepted? Yes\_\_ No\_\_
8. Name of college, university or technical school you plan to attend: \_\_\_\_\_  
\_\_\_\_\_
9. What Health Care related career are you planning to pursue? \_\_\_\_\_  
\_\_\_\_\_
10. List extra-curricular activities and office held in high school. You may attach a separate sheet.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. List activities and award including outside of school, such as church, scouts, community service and offices held in each. You may attach a separate sheet.



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It is understood that if this scholarship is awarded to me, the full \$1,500 will be paid to the college or university which I will be attending before the fall session begins.

I, hereby, declare that I have read all the statements on this application and they are true and correct.

Signature of Student \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_



CONFIDENTIAL RECOMMENDATION  
2019 - 2020 Academic Award Year

Applicant's Name: \_\_\_\_\_  
(Last Name) (First) (Middle Initial)

**To the Applicant:** Please print your name above and sign the statement below. The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to education records concerning them. Students are to submit a more candid evaluation. The following signed statement indicates the wish of the applicant with respect to this recommender's recommendation.

- I waive my right of access to the following recommendation.
- I do not waive my right of access to the following recommendation. In understand that under the law my waiver provides that I only have access to this recommendation.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Guardian Signature (If Applicant is under 18 years of age) Date

**To the Recommender:** The person whose name appears above is applying for a scholarship with the purpose of encouraging scholarship recipients to pursue studies in select health care disciplines. The applicant has requested that your evaluation be included as part of the information upon which the selection decision will be based. We value your direct contact with the applicant and will appreciate your responses to the following questions as candidly and specifically as possible. Your responses will assist the Scholarship Committee in the evaluation of the applicant's qualifications for the receipt of a scholarship. We realize the amount of time and care necessary to complete a thoughtful recommendation and are grateful for your assistance. Our application procedure requires that the applicant gather all documents including recommendations and submit a complete set of materials with the application. This system allows the applicant to know the completed application has been submitted and facilitates our control over materials. Please enclose the completed recommendation in an envelope. Please seal the envelope, sign across the seal, and return it to the applicant so that it can be submitted with the application.

Name of Recommender (print or type) \_\_\_\_\_  
Position or Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email \_\_\_\_\_



Please rate the applicant in the following attributes by checking the appropriate box in each category:

	Outstanding (3)	Average (2)	Poor (1)	Not Observed (0)
<b>Integrity</b>				
<b>Motivation &amp; Drive</b>				
<b>Leadership Potential</b>				
<b>Imagination &amp; Creativity</b>				
<b>Self-Confidence</b>				
<b>Ability to Work with Others</b>				
<b>Intellectual Ability</b>				
<b>Ability in Oral/Written Expression</b>				

Please address the following items in a narrative form and include any other information that will help the Scholarship Committee make its decision:

- How long and in what connection have you known the applicant?
- What do you know of the applicant’s future academic plans?
- What special qualities does the applicant possess which would contribute to success in the study of a healthcare discipline?
- What qualities should the applicant improve upon for success in the study and a subsequent career in a health care discipline?

Please check one:

\_\_\_\_\_ I strongly recommend this applicant for receipt of the Methodist Stone Oak Scholarship

\_\_\_\_\_ I recommend this applicant for receipt of the Methodist Stone Oak Scholarship

\_\_\_\_\_ I recommend with reservation this applicant for receipt of the Methodist Stone Oak Scholarship

\_\_\_\_\_ I do not recommend this applicant for receipt of the Methodist Stone Oak Scholarship

Signature \_\_\_\_\_ Date \_\_\_\_\_