Southern West Virginia Community College Foundation, Inc.
Boone Memorial Health Scholarship Application

It was established in 2022 by Boone Memorial Hospital, Inc., d/b/a Boone Memorial Health (BMH), a not-for-profit healthcare system primarily serving residents in Boone, Logan, Lincoln, and parts of Wyoming and Kanawha Counties. The scholarship is available to students who have been accepted into and are currently enrolled in Nursing, Medical Laboratory Technology (MLT), Radiologic Technology (Rad Tech), Respiratory Care, or Surgical Technology (Surg Tech).

Criteria
1. Applicants must reside in Boone, Logan, Lincoln, Kanawha, or Wyoming Counties.
2. Must have a minimum GPA of 3.0 or higher.
3. Award pays tuition, textbooks, and related educational expenses up to $4,502 per semester.
4. Preference will be given to students who demonstrate a financial need.
4. Students must complete FAFSA (Free Application for Federal Student Aid) to be considered for this scholarship.

Additional Criteria
BMH agrees to fund the total cost of the student's program for up to two years, on a semester-by-semester basis, with the following stipulations:
1. Must maintain the required cumulative GPA of 3.0 or higher;
2. Must progress and graduate on time (within two years);
3. Complete FAFSA each semester (or year, as applicable) and apply any grants or scholarships received toward program costs;
4. Obtain all required licensing to work in their chosen field; and
5. After graduation, the student agrees to complete a minimum tenure of employment at BMH (subject to eligibility and need), as reflected in the Scholarship Award Agreement.

Instructions
Please fully complete the application and submit it to the Development Office. This scholarship application will be kept on file for the current academic year. Only complete applications may be considered.

You may submit your application in person, by mail, or by email to the following:

Southern West Virginia Community College Foundation
P. O. Box 2020
Mount Gay, West Virginia 25637
Phone: 304-896-7425 or 304-896-7406
Email: Development@southernwv.edu

Deadlines
The deadline to submit this application is *April 15* for Fall Semester and *October 15* for Spring Semester. Applications submitted after the Priority Deadline will still be considered for any remaining scholarship funding. A completed application must be submitted for each academic year a student wishes to be considered for scholarships. **Only those selected for scholarships will be notified.**

Date: _____

Name: _____

Address: _____

City: _____   County: _____   State: _____   Zip: _____

Student ID: _____   Date of Birth: _____   Phone: _____

Southern E-Mail: _____   Other E-Mail (*optional*): _____

High School Graduate: ___ Yes ___ No Name of High School: _____G.E.D.: ___ Yes ___ No

What is your current Grade Point Average? _____ **If you are a first-time student, please attach your high school transcript.**

Are you presently attending Southern West Virginia Community and Technical College? ___ Yes ___ No

Are you presently attending another college or university while enrolled and taking classes at Southern West Virginia Community and Technical College? ___Yes ___ No. **If yes, what program?** _____

Please provide a brief statement concerning your college plans:
_____
_____
_____

Please provide a brief statement explaining your financial need:
_____
_____
_____

Activities, community/civic involvement, honors, and awards:
_____
_____

Please provide a list of employment or internships, including years:
_____
_____

Have you completed and submitted this academic year's Free Application for Federal Student Aid (FAFSA)?
(Southern Foundation Policy states that Free Application for Federal Student Aid (FAFSA) completion is required to be eligible)

___ Yes ___ No   If no, please submit why: _____
Please list other financial aid/scholarships you will be receiving:
_____
_____

Please list the following information while at Southern West Virginia Community and Technical College:

Academic Program/Major: ☐ Nursing   ☐ MLT   ☐ Rad Tech

☐ Respiratory   ☐ Surg Tech

Expected Graduation Date: _____

Please Read and Sign:
I authorize Southern West Virginia Community and Technical College and the Southern West Virginia Community College Foundation, Inc. to verify all information in this application. Any institution, agency, or individual may release information to the College or Foundation for verification. The College and Foundation may release this information for verification and publicity purposes. I am responsible for informing the Development Office staff of any scholarship, grant, or waiver I receive.

_____   _____
Student Signature   **Date**