To be considered for a scholarship the applicant must be accepted in a medical or health care program in an accredited institution. The Jane Phillips Medical Center Auxiliary Scholarship Committee makes the final decision, and the scholarship amount is limited by available funds.

Please attach a minimum of two letters of recommendation, proof of enrollment for the upcoming semester and a copy of your last grade transcript. In the event your transcript is not available by submission deadline, please make a notation on your application.

Scholarships will be sent directly to your school and applied to tuition, books, software and any other items used in the classroom. If your account is paid in full by grants or such, we ask that our scholarship be sent back to us to help other students. The status of your scholarship will be sent to you in the mail within 30 days of the application deadline.

Applications must be completed and returned to the Jane Phillips Medical Center Auxiliary office no later than December 15th for the Spring Semester and by June 15th for the Fall Semester.

An application will be denied if information is not complete or if there is falsification or misrepresentation of information on the application. A scholarship may be revoked if the application is found to be falsified after an award has been granted.

Thank you for your application.

Jane Phillips Medical Center Auxiliary Scholarship Committee
3500 South East Frank Phillips Blvd.
Bartlesville, OK 74006
(918) 331-1907
New applicant or renewal (circle one)

Name___________________________________________________________________

Last        First      Middle

Please list other names used_________________________________________________

Address_________________________________________________________________

Number & Street   City   State  Zip Code

Marital Status_______________________ Children in home? #___________________

Home Phone______________________ Cell Phone___________________________

Place of Employment______________________________________________________

Occupation______________________________________________________________

Have you worked as an employee or volunteer for Jane Phillips Medical Center?
(Circle one above)

Do you have a relative working at Jane Phillips Medical Center?____________________

If so, who and relationship__________________________________________________

How did you hear about our scholarship program?_______________________________

Have you requested tuition reimbursement from Jane Phillips Medical Center? If yes please provide proof.___________________________________________________________

What additional funds or scholarships are you receiving? Please provide proof.______________________________

________________________________________________________________________

Do you possess any license or certifications in the health care field? If so, please list.________________________________________________________________________
Have you ever had such a license revoked or suspended?__________________________

Have you ever been convicted of a criminal offense other than a traffic violation?__________________________________________________________

If yes, please explain:________________________________________________________

List medical occupational experience (nurse aide, ward clerk, etc.)
________________________________________________________________________
________________________________________________________________________

What are your future plans for the medical field?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Address of college or trade school now attending:
________________________________________________________________________
________________________________________  ________________________________
Street                          City                        State              Zip Code

College telephone #______________________ Area of Study___________________

Total hours required to complete your degree___________________________________

Hours you have completed____________________________________________________

Hours enrolled this semester_________________________________________________

Cost per hour_____________________________________________________________

Explain in 25 words or less why you are applying for this scholarship.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

By signing this application, you, the applicant, consent to an authorized agent of Jane Phillips Medical Center Auxiliary to check all references and information.

Signature of Applicant  Date