



**MARGARET MARY
HEALTH**

PO Box 226 | 321 Mitchell Avenue
Batesville, IN 47006
P. 812.934.6624

2025 SCHOLARSHIP APPLICATION

PROGRAM DETAILS: APPLICATION DEADLINE IS MARCH 31, 2025

- Initial award of \$3,000 and an additional \$1,000 each year up to three years, if the required criteria is met
- Must be a full-time student (minimum of 12 credit hours)
- Decisions on recipients will be made and presented, if appropriate, at school senior awards program
- High school graduate or equivalent pursuing healthcare career in fields reflecting the future needs of Margaret Mary, such as Nursing, Rehab/Therapy (Occupational & Speech Therapy), Imaging (Ultrasound and MRI) and Respiratory Therapy
- Late or incomplete applications will be rejected - **NO EXCEPTIONS**
- GPA of at least 3.5 or higher, class rank and national test scores will be considered
- For questions, contact Tracy Wilson at 812.933.5259 or e-mail tracy.wilson@mmhealth.org
- Please send completed applications to:

**Margaret Mary Health
Attn: Human Resources - Tracy Wilson
P.O. Box 226
Batesville, IN 47006**

SCHOLARSHIP PROGRAM: STUDENT INFORMATION

The Margaret Mary Health scholarship program is intended for the education of individuals interested in becoming healthcare professionals, in fields reflecting the future needs of Margaret Mary, such as Nursing, Rehab/Therapy (Occupational & Speech Therapy), Imaging (Ultrasound and MRI) and Respiratory Therapy. MMH is committed to helping prepare healthcare providers for the future and offers a scholarship program as a recruitment tool and a community service.

- The selection of and admission to an accredited school shall be the responsibility of the student. Students already enrolled in a school are eligible for the scholarship program. If the student has not yet been accepted, approval is contingent upon their acceptance into their chosen program by their school.
- Applications must be submitted to Margaret Mary Health's Human Resources Department by March 31, 2025.
- Scholarship applications must include the following in order to be considered:
 - ☐ Completed application
 - ☐ Official transcript of grades from the most recently attended school
 - ☐ A letter of acceptance from the school you will be/are attending (If available by March 31)
 - ☐ Two reference letters as described below
- The applicant is responsible for contacting the two references (no relatives) listed on the application and instructing them to submit letters of reference to Margaret Mary's Human Resources Department by the March 31st deadline. The applicant can collect the letters of reference if they desire as long as the letters are in a sealed envelope from the reference and the envelope is unopened at the time of submitting the application to Margaret Mary Health.
- Scholarship recipients are not guaranteed a position within the organization. Margaret Mary Health will consider the applications of scholarship recipients along with all other applications.
- The hospital reserves the right to discontinue advances at any time to the recipient for any of the following reasons:
 - Recipient is convicted of a felony
 - Recipient suspends or discontinues education in the field for which the scholarship was given
 - Failure by the Recipient to produce proof of enrollment or satisfactory completion of courses in the school program recognized and approved by the Hospital for which funds were advanced
 - Not maintaining a cumulative GPA of 3.5 or higher
- Final applicants may be scheduled to interview with the selection committee. All applicants will be notified once Margaret Mary's Senior Leadership Team has made their final selections (approximately early May 2025).



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I. APPLICANT

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____

Phone Number: _____ E-mail Address: _____

Have you been accepted to an accredited school? ☐ Yes ☐ No *If yes, please include a copy of the acceptance letter, if applicable.*

Name of School: _____ Enrollment Date (Month/Year): _____

Major/Field of Study: _____ Degree Upon Completion: _____

Anticipated Date of Graduation (Month/Year): _____

Name(s) of Relatives Working at MMH: _____

Have you worked/volunteered/shadowed at MMH in the past? ☐ Yes ☐ No

If yes, what department? _____

II. EDUCATION

List in chronological order all schools attended in the past five years. Include a transcript of grades from most recently completed school(s).

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE

List any scholastic distinctions or honors you have received: _____

III. OUTSIDE ACTIVITIES

List any extracurricular activities, community service and hobbies you have been involved in during the past four years: _____

IV. WORK EXPERIENCE

POSITION	EMPLOYER	DATES	HOURS/WEEK

V. REFERENCES

List the names of two people (non-relatives) to use as references, such as a teacher, an employer or a business person. (Letters of reference must be submitted by March 31, 2025).

NAME	ADDRESS	OCCUPATION	PHONE NUMBER

VI. YOUR HEALTHCARE CAREER

Use this space to explain why you desire to pursue a healthcare career. Explain why you should be selected to receive the MMH scholarship. Please elaborate on any unique circumstances including financial or personal challenges. You may attach a separate piece of paper if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.