



**More schools are now included in The Frank Hall Memorial Scholarship
Provided by the St. Bernards Auxiliary**

\$2,000 Scholarships toward

- **B.S.N., M.S.N., or other healthcare program at A.S.U.**
- **Or an Employee of St. Bernards attending a qualified*
Associate Degree Nursing Program.**

***Qualified schools are Black River Technical College, Arkansas Northeastern College,
or East Arkansas Community College**

Applications will be available in April.

**ST. BERNARDS
AUXILIARY**



2010 – 2011 SCHOLARSHIP

Arkansas State University Students

B.S.N., M.S.N., Nursing Students or Other Health Care Related Fields

St. Bernards Hospital Auxiliary offers a \$2000 scholarship toward 2010-2011 tuition to students in the B.S.N., M.S.N., nursing programs or in other related health care fields at Arkansas State University.

Completed applications are to be returned by NOON, Wednesday, May 26, 2010 to the Foundation Office, 400 East Street, Jonesboro, AR 72401, marked

"Attn: Nurse Recruiter." A spring 2010 Official Transcript must be attached to the application.

Applications may be obtained in the Nursing Administration office, the St. Bernards Gift Shop, St. Bernards Foundation Office, 400 East Street, or at the Nursing office at ASU.

For further information, please call Kelli Merryman at 336-5009 or Carol Hinck at 935-8291.





SCHOLARSHIP REGULATIONS

- Scholarships will be granted for tuition toward a B.S.N. (Bachelor of Science in Nursing), M.S.N. (Master of Science in Nursing), or other health care related programs at A.S.U. or to an employee of St. Bernards attending an A.D (Associate Degree) program in nursing at Black River Technical College, Arkansas Northeastern College or East Arkansas Community College.
- Nursing or health care field students as well as advanced students accepted.
- Recipients may apply for a renewal of the scholarship at the end of each year.
- Application requirements for scholarships offered by the Auxiliary of St. Bernards Center:
- Applicant must have a minimum GPA of 3.0 to be eligible.
- Maintain a high level of professional behavior.
- Must be enrolled in program before due date of application.
- A complete official transcript, including Spring 2010 work, must accompany application.
- Scholarships are awarded for tuition only and are payable to attending school.
- We encourage you to show your appreciation to St. Bernards Foundation and Auxiliary by becoming an employee of St. Bernards Medical Center after you graduate. We want our scholarships to benefit our organization that we support.
- The period for filing applications shall close NOON, Wednesday, May 26, 2010.
- Completed applications are to be returned to the Foundation Office at 400 East Street, Jonesboro, AR 72401 by NOON, Wednesday, May 26, 2010.
- For further information call Kelli Merryman at 336-5009 or Carol Hinck at 935-8291.

Date Due NOON, May 26, 2010

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St. Bernards Auxiliary TUITION SCHOLARSHIP APPLICATION

PLEASE PRINT CLEARLY

PERSONAL

First Name: _____ Last Name _____ Date: ___/___/___

College Address: _____ City _____ St _____ Zip _____

Home Address: _____ City _____ St _____ Zip _____

Phone No: (____)-_____ SS# _____ Date of Birth ___/___/___ Age: _____

Email Address: _____ Married: Number of Dependents/Ages: _____

Name of Spouse: _____ Occupation _____

Parents or Guardians: _____ Occupation _____

Parents or Guardians Address: _____ City: _____ St _____ Zip _____

EDUCATION

Semester Hours Completed: _____ Grade Point Average _____

Hours Remaining until completion of Degree: _____

Have you at any time received a grade of a D or lower: _____ or withdrawn from a health care course for any reason _____? If so please explain in detail: _____

List work experience over the last 12 months and the average number of hours worked per week: _____

A complete official transcript including current spring term, must accompany application.

PROJECTED BUDGET FOR NEXT SEMESTER

Expenses

Tuition & Fees _____

Books & Supplies _____

Room & Board _____

Transportation _____

Other Expenses _____

Income

Employment _____

From Parents _____

From Spouse _____

Other (Tuition Assist, Pell Grants, etc) _____

Personal Savings _____

Loans _____

Total Expenses: _____

Total Income: _____

ATTACH A STATEMENT REGARDING YOUR FUTURE PLANS IN THE HEALTH FIELD & YOUR REASONS FOR NEEDING FINANCIAL ASSISTANCE.

