



# STEELE MEMORIAL MEDICAL CENTER

P.O. BOX 700 ~ SALMON, IDAHO 83467 ~ (208)756-5600 ~ FAX (208) 756-4169

## **Procedure for Sponsoring an Applicant**

1. Hospital Responsibilities
  - a. Review applicants application & essay
  - b. Ascertain eligibility of applicant
  - c. Interview applicant
  - d. Notify scholarship winner by **May 15th**

## **Scholarship 10-Point Award System:**

Child of Hospital Employee	- 1 point
GPA 3.0 or above	- 2 points
Financial need	- 1 point
Essay	- 2 point
Community Volunteerism (# Hours)	- 2 points
Two (2) letters of recommendation	- 2 point

## **Procedure for Applicant**

- e. Complete scholarship application form
- f. Complete required essay
- g. Provide (2) letters of recommendation
- h. Provide copy of high school transcript
- i. Return completed application and essay by **April 30th** to:  
Steele Memorial Medical Center  
Attn: Linda Astalos  
P.O. Box 700  
Salmon, Idaho 83467
- j. Scholarship recipient will sign an agreement with SMMC to work one (1) year at SMMC for every one (1) year paid tuition and books.

\*\*Scholarship winner will provide receipts for tuition and syllabi and receipt to validate purchased books. SMMC will provide up to 1/3 of the money up front if there is a financial need. Dollar amount would be limited to the maximum cost of tuition and books.



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## **PURPOSE**

- The purpose of the Steele Memorial Medical Center scholarship program is to award one full scholarship to a high school student in pursuit of a vocation in a critical health care field, (i.e., nursing, lab, radiology, respiratory therapy).

## **ELIGIBILITY**

- Must be a graduating high school senior and be eligible to attend an accredited college, university or technical college in the United States as a full-time student in the fall of their graduating year.
- Must provide verification of acceptance to school in pursuit of a health care field prior to funds being disbursed.

## **APPLICATION REQUIREMENTS**

- All required portions of the scholarship application must be filled out completely and returned by the deadline.
- An essay must accompany each scholarship application.
- Two (2) letters of recommendation/support must accompany the application.
- Applicant will agree to be in the continuous employment of Steele Memorial Medical Center for a period of 1(one) year for each year of school paid for by SMMC. Employee agrees to pay Steele Memorial Medical Center a prorated share of the scholarship loan allowance if his/her employment at SMMC is terminated any time prior to the one year anniversary date for any of the following reasons:
  1. By Employee's Willful initiative.
  2. Due to Gross incompetence on the part of the Employee, as legally documented by the Employer.
  3. Due to Gross misconduct on the part of the Employee, as legally documented by the Employer.

Should termination of employment occur for one of the above reasons and prior to Employee's one year anniversary date, the sum will be due in full, without interest, immediately upon above said termination of employment.

If employment should be terminated following the one year anniversary date for any reason, Employee will have no further obligation to SMMC.

## **ESSAY REQUIREMENTS**

- Essay submissions must be no less than one page and no longer than two pages in length on the given topic(s).
- Essays must be typed using Times New Roman 12-point font, one inch margins and double-spacing.
- Applicant's full name must appear at the top of the first page of the essay.
- Essays will be judged based on content, as well as the proper use of grammar, spelling and punctuation.

## **ESSAY TOPIC (Please address all 3 questions)**

- If for some reason you were prevented from obtaining a college education, which career would you pursue and why?
- Why are you a good candidate to receive this award?
- Describe how you plan to fund your college education.
- What health care field you wish to pursue and why.
- Describe your monetary restraints to obtaining a college education without scholarship funding.

## **BASIS OF SELECTION**

- Winners will be selected based on the following criteria: Essay Content, School/Community Activities, Financial need, commitment to completing your education and Academic

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Achievement.

## **DEADLINE**

- Send all scholarship applications and supporting essays postmarked on or before April 30th to:

Steele Memorial Medical Center  
Attn: Linda Astalos, CNO  
P.O. Box 700  
Salmon, ID 83467

- Scholarship winners will be notified by Steele Memorial Medical Center no later than **May 15th**.
- For any questions regarding Steele Memorial Medical Center's scholarship program, contact Linda Astalos at 208-756-5682.

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**Please answer the following questions to the best of your ability.**

1. List all high school activities, sports, clubs, and/or organizations in which you were involved. Include grade levels for each item listed.

2. List all academic and/or athletic honors or awards you received during high school. Include grade levels for each item listed.

3. List all community activities or volunteer service in which you were involved during high school. Include the type of service performed and the length of time.

4. List your employment or internship experience beginning with your most recent position.

Employer	Position	Dates Employed
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5. List any relatives that are employed at Steele Memorial Medical Center and their relationship to you.

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FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ALT. NUMBER \_\_\_\_\_

ARE YOU A GRADUATING HIGH SCHOOL SENIOR?

YES  NO

HIGH SCHOOL \_\_\_\_\_

H.S. ADDRESS \_\_\_\_\_

H.S. CITY, STATE, ZIP \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_ CURRENT G.P.A. \_\_\_\_\_

UNIVERSITY/COLLEGE/TECHNICAL  
SCHOOL YOU PLAN TO ATTEND \_\_\_\_\_

APPROXIMATE ANNUAL TUITION \_\_\_\_\_

PLANNED FIELD OF STUDY \_\_\_\_\_

BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS SCHOLARSHIP APPLICATION IS TRUE AND COMPLETE. IF I AM A SCHOLARSHIP WINNER, I AGREE TO PROVIDE A CURRENT PHOTOGRAPH FOR PUBLICITY PURPOSES. I UNDERSTAND THAT STEELE MEMORIAL MEDICAL CENTER RESERVES THE RIGHT TO USE WINNERS' NAMES, PHOTOGRAPHS, AND ESSAYS IN PROMOTIONAL MATERIAL.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_