

## Suzanne & Ronald S. Owen Scholarship

Available scholarships:

2 - \$1,000 scholarships funded by the Southeast Health Foundation.

These will be awarded on an annual basis to eligible dependent children of Southeast Health employees. Recipients will receive funding for academic or technical one time, limited tuition scholarships to accredited two and four year colleges and universities based on the criteria listed below.

## 1. CRITERIA

- a. Applicants must be a dependent of an employee of Southeast Health who has completed a minimum of five years of full-time worked service and must be in good standing. In respect to the Scholarship Program, a dependent is defined as the child or dependent of an employee less than 25 years of age.
- b. At the time of application, applicants must be enrolled in a post-secondary institution in a program of a least one academic year duration.
- c. Applicants are evaluated on the following criteria:
  - i. Letter to the scholarship review team
  - ii. Depth of resume
  - iii. Academic performance
  - iv. Extracurricular activities/community service
  - v. Quality of letters of reference
- d. Previous recipients of the Suzanne & Ronald S. Owen Scholarship may be eligible to receive another Suzanne & Ronald S. Owen Scholarship. However, preference will be given to applicants who have not previously received a Suzanne & Ronald S. Owen Scholarship.

## 2. APPLICATION PROCESS

- a. Applications for these scholarships must be submitted on the **Southeast Health Foundation Suzanne & Ronald S. Owen Scholarship application form.**
- b. Application form must be accompanied by:
  - i. A complete resume
  - ii. Two SIGNED letters of reference, one of which must be work related (please indicate in subject line if it is a work, school/program or personal related reference)
  - iii. Most recent transcript(s)
  - iv. Confirmation of enrollment into the program of study for the current year
  - v. A SIGNED letter to the Scholarship Review Team outlining the applicants/students career plan
- c. Applications and **ALL** accompanied documents can be **emailed** on or before **March 31**. **Late or incomplete submissions will not be considered.**
- d. The decisions of the Scholarship Review Team will be final and their discussions will be kept confidential. Scholarships will be awarded no later than **May 31.**
- e. If the recipient of a scholarship is unable to complete the program of studies for which the scholarship was granted, the Scholarship Review Team reserves the right to rescind the award and require repayment of the scholarship monies.
- f. Any scholarship funds unused or unclaimed by December 31 of the year that the funds were awarded will return to the scholarship fund.



## Suzanne & Ronald S. Owen Scholarship Application

Name of Dependant:		Name of Parent/Guardian (Staff Member) Inclu Employee Number:	ıding
Date of Birth:		Department/Program:	
Home Address:		Site:	
		Years of Service:	
City	Postal Code		
elephone:		Telephone:	
н)	(Cell)	(W)	
mail Address:		Email Address:	
Length of Program: Start Date of the Prog	gram:		
DECLARATION			
I certify that all stater	ments on this application are true ar	nd complete to the best of my knowledge.	
Signature of applican	t	Date	
	mplete application package by Mar ation@southeasthealth.org	ch 31 to:	

Subject line of email must read: APPLICANT for Suzanne & Ronald S. Owen Scholarship.

<u>Please NOTE:</u> ALL documentation must be included in the package upon receipt (documents sent separately <u>will not</u> be

accepted). Incomplete packages will be disqualified.