

## Suzanne & Ronald S. Owen Scholarship Application

Name of Dependant:	Name of Parent/Guardian (Staff Member) Including Employee Number:
Date of Birth:	Department/Program:
Home Address:	Site:
	Years of Service:
City Postal Code	
Telephone:	Telephone:
(H) (Cell)	(W)
Email Address:	Email Address:
Length of Program:  Start Date of the Program:  Anticipated date of graduation:	<del></del>
DECLARATION	
I certify that all statements on this application are true	e and complete to the best of my knowledge.
Signature of applicant	Date
Please email your complete application package by M Email: sehealthfoundation@southeasthealth.org Subject line of email must read: APPLICANT for Suzanna	

ALL documentation must be included in the package upon receipt (documents sent separately will not be

SCHOLARSHIP APPLICATION FORM - Owen Scholarship

accepted). Incomplete packages will be disqualified.

Deadline for Submission: March 31, 2023

VISIT: sehealthfoundation.org

Please NOTE:



## Suzanne & Ronald S. Owen Scholarship Application

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 <u>emailed</u> on or before March 31, 2023. 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, 2023.**
- 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, 2023 will return to the scholarship fund.

SCHOLARSHIP APPLICATION FORM - Owen Scholarship Deadline for Submission: March 31, 2023 VISIT: sehealthfoundation.org