



# Longview Regional MEDICAL CENTER

## LRMC AUXILIARY SCHOLARSHIP APPLICATION REQUIREMENTS

The Longview Regional Medical Center Scholarship Fund was established for the purpose of providing financial assistance to eligible high school students who (1) are pursuing a career in a medically related field of study and (2) can demonstrate a need for financial assistance.

### ALL APPLICANTS MUST:

- Complete and submit application, including
  1. High School transcript attesting a 3.0 GPA
  2. Copy of ACT or SAT Scores
  3. Personal biography
  4. Two personal references **returned in separate envelopes by person writing the reference.**
    - one school related and one community related
    - include address and phone numbers
    - no family members
  5. Enroll in a minimum of 12 hours per semester
  6. Submit application postmarked on or before due date of **March 28, 2024**

### SCHOLARSHIP AWARDS:

Scholarships are awarded in the amount of **\$1500**. Upon notification that the student has registered with a minimum of 12 hours, a check for \$1500 will be sent directly to the college/university to be applied to the account of the recipient. The scholarship is non-transferable and non-refundable.

### WHO:

1. Student must be a graduate of a public school, private school or home schooled in the East Texas area.
2. Will enter their freshman year of college in the fall of 2024 at an accredited educational institution.
3. All seniors who will be studying for a career in a health-care profession may apply. This would include nurses, pharmacists, radiology technicians, dieticians, physicians, physician assistants, nurse practitioners, paramedics, etc. and others as approved by the scholarship committee. Pre-medical or equivalent biology-based preparatory programs would be accepted.
4. Student must demonstrate a high level of academic achievement in science and related areas.
5. Must use the scholarship for attendance at a fully accredited university, college, or junior college in **Texas, Oklahoma, Arkansas or Louisiana.**
6. Scholarship funds may be used for tuition, books and instructional materials.
7. Must be a person of outstanding character and citizenship in the community and school.

## **JUDGING CRITERIA:**

1. Financial need 30%  
Academics 50%  
Extenuating circumstances 20% (such as family's medical expenses or tuition expenses, or if either parent has been recently unemployed)
2. Transcript with a 3.0 Grade Point Average and SAT or ACT Scores
3. Completion and submission of entire application process prior to the deadline.
4. Commitment to a medically related field.

If deemed necessary by the scholarship committee, interviews may be conducted. Upon selection for a scholarship, the recipients will be notified by mail of their award and will be recognized at their school award assembly. The funds will be sent directly to the education institution to be applied toward tuition, fees or books for the exclusive benefit of the scholarship recipient.

**FORFEITURE** – The award will be directed to the educational institution on behalf of the recipient. In the event a selected student fails to enroll in the fall after spring high school graduation, the scholarship shall be forfeited. Forfeiture may be waived for an additional 4 months upon student request, showing an extreme hardship and/or unusual circumstances beyond the control of the student, and approval of the Auxiliary Scholarship Committee.

**RIGHT TO WITHDRAW** - In the event that after selection as a scholarship recipient and prior to payment of the scholarship funds to the institution of higher education, verifiable information is received by the Auxiliary Scholarship Committee indicating that information provided in the student's application was fraudulent or materially incorrect or in the event the recipient fails to graduate with his/her class or the Scholarship Committee receives verifiable information of conduct on the part of the recipient that brings into question the character and good citizenship of the applicant, the scholarship may be withdrawn upon vote of the Scholarship Committee. The decision of the committee is final.

## **TIME SCHEDULE**

1. January 2, 2024 Applications available at the Information Desk-- LRMC  
Applications mailed to High Schools
2. March 28, 2024 Deadline for receiving applications
3. April 17, 2024 Notification of recipients by letter

## **MAIL COMPLETED APPLICATIONS TO:**

LRMC Auxiliary Scholarship Committee  
Attn: Janice Benton  
1509 Pineridge St.  
Longview, Texas 75604

Contact Mrs. Benton at 903-759-9664 (home) or 903-235-3263 (cell) with any questions.  
e-mail: benton@cablelynx.com  
Please **DO NOT** call the hospital.

**Longview Regional Medical Center**

**AUXILIARY SCHOLARSHIP APPLICATION**

1. Name \_\_\_\_\_  
Last First Middle

2. E-mail Address \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
Street City/State/Zip

4. Birthday \_\_\_\_\_ Phone Number \_\_\_\_\_

5. Full names of parents \_\_\_\_\_

6. Home address of parents \_\_\_\_\_

7. Persons living in your home:

Father \_\_\_\_\_ Brothers \_\_\_\_\_  
Give ages of each

Mother \_\_\_\_\_ Sisters \_\_\_\_\_  
Give ages of each

8. How many of your brothers and/or sisters, if any, are now in college? \_\_\_\_\_

9. Employment (List any jobs, indicating dates, full or part-time):

Employer	Job Description	Dates	Full/Part-time

10. In what college or university do you wish to enroll?

First choice \_\_\_\_\_

Second choice \_\_\_\_\_

At which school(s) have you been accepted? \_\_\_\_\_

11. What special recognition have you received for outstanding school work such as honors, citations, etc? \_\_\_\_\_

12. List activities you have engaged in during your years in high school. Include organized out of school activities (church, synagogue, community service, etc.) You may attach this information on an additional sheet.

Activity	Years	Honors/Offices Held

13. Grade Point Average \_\_\_\_\_ SAT/ACT Score \_\_\_\_\_ Class Rank \_\_\_\_\_ of \_\_\_\_\_  
14. Name of High School \_\_\_\_\_

Please indicate the **combined** income level of your household. **Please note if both parents are employed, or if one is disabled.** Indicate in biography your parents' obligations if parents are not able to help with tuition.

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_____ Under 20,000	_____ \$41,000 - \$50,000	_____ \$71,000 - \$80,000
_____ \$20,000 - \$30,000	_____ \$51,000 - \$60,000	_____ \$81,000 - \$90,000
_____ \$31,000 - \$40,000	_____ \$61,000 - \$70,000	_____ over \$90,000

I am applying for this scholarship to seek a degree in the field of medicine. My degree plan will be in \_\_\_\_\_. I promise to use these funds for this purpose only.

**I hereby certify that the statements herein are true and correct to the best of my knowledge.** I have enclosed a copy of the following documents: (I understand that if any of these documents are missing, my application will not be processed.)

- A. Application
- B. High School Transcript showing Grade Point Average
- C. ACT or SAT Scores
- D. Personal Biography
- E. Two Personal References – **returned in separate envelopes by persons writing the reference.**

They should include 1 school, 1 community, and no family.  
Completed and returned to committee by **March 28, 2024.**

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

# LONGVIEW REGIONAL MEDICAL CENTER AUXILIARY

Scholarship Reference Form -- **DEADLINE: March 28, 2024**

The applicant should complete the first three items.  
Include at least one present or former teacher.  
Do not include relatives.

Name of Applicant \_\_\_\_\_

High school attending \_\_\_\_\_

Anticipated medical field area \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_

Please rate the applicant on the following characteristics:

	Excellent	Above Average	Average	Below Average	Poor
Likelihood for academic success	_____	_____	_____	_____	_____
Motivation for a career in medical field	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Ability to cooperate with others	_____	_____	_____	_____	_____
Ethical and moral character	_____	_____	_____	_____	_____

**Other Comments (Attach additional sheets, if needed.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

This information will be kept confidential. Thank you for your assistance.

Please mail directly to:  
**Longview Regional Auxiliary Scholarship Committee**  
**Attn: Janice Benton**  
**1509 Pineridge St.**  
**Longview, Texas 75604**

**APPLICATION DEADLINE: March 28, 2024**

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	Excellent	Above Average	Average	Below Average	Poor
Likelihood for academic success	_____	_____	_____	_____	_____
Motivation for a career in medical field	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Ability to cooperate with others	_____	_____	_____	_____	_____
Ethical and moral character	_____	_____	_____	_____	_____

**Other Comments (Attach additional sheets, if needed.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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