



**ASSOCIATES DEGREES SCHOLARSHIP PROGRAMS**

- Cardiovascular Technologist
- Employee Dependent
- Nursing

**UPPER LEVEL SCHOLARSHIP PROGRAMS**

- BSN
- RN to BSN Program (Employees Only)
- Medical Laboratory

Name of Parent/Guardian \_\_\_\_\_

*(This is for Employee Dependent Scholarship Only)*

How did you first hear of the scholarship program? \_\_\_\_\_

Are you presently a Memorial Healthcare System employee? \_\_\_\_\_

Can you provide proof of your legal right to work in the U.S.?  Yes  No

Are you currently receiving tuition reimbursement?  Yes  No

**APPLICANT DATA**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work (Emergency) Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**EMPLOYMENT DATA**

**Current Employer** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Sate/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Employment Dates \_\_\_\_\_

Position \_\_\_\_\_

Supervisor \_\_\_\_\_

**Previous Employer** \_\_\_\_\_

Street Address \_\_\_\_\_

City/Sate/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Employment Dates \_\_\_\_\_

Position \_\_\_\_\_

Supervisor \_\_\_\_\_

**EDUCATIONAL DATA**

Date Starting Program \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Current Grade Point Average \_\_\_\_\_

Previous School Attended/Degree Received \_\_\_\_\_

Why are you applying for this scholarship?

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What factors influenced you to choose this profession?

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What are your short-term and long-term goals?

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What qualities do you possess that you think make a good healthcare professional?

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To support my application for the scholarship program, I am authorizing that any of my school records and employment history may be verified by appropriate personnel of the Memorial Healthcare System who will retain such information in strict confidence. I also release any respondent to inquiries from all claims. All of the statements made on the application for the scholarship program are true to the best of my knowledge. I understand that any falsification of fact is sufficient grounds for my rejection as an applicant or my termination of the scholarship program.

**Equal Opportunity Employer**

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Please remit application and accompanying requirements to:

Jacque Vitali  
Scholarship Coordinator  
7200 Pines Boulevard  
Building 72, Room 153  
Pembroke Pines, Florida 33024  
Phone No.: (954) 201-8852  
Fax No.: (954) 201-8040  
E-mail: [jvitali@broward.edu](mailto:jvitali@broward.edu)