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**SCHOLARSHIP PROGRAM CRITERIA**

The Mary Free Bed Guild has established annual scholarships for minority students pursuing degrees in nursing, physical therapy, occupational therapy, speech language pathology, therapeutic recreation, neuropsychology or orthotics/prosthetics. An individual is eligible to apply for a one-year scholarship for education-related expenses if he or she meets the established criteria. The scholarship amounts will vary depending on individual needs.

**Eligibility Requirements:**

- Black or African American, Asian, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native
- Citizen of the United States
- Demonstrates a commitment to serving diverse populations
- Cumulative college GPA of 3.0 or better on a 4.0 scale (overall and in the chosen area of study)
- Currently enrolled in, or accepted into an accredited college or university as a full-time, degree-seeking student in a nursing, therapeutic recreation, orthotics or prosthetics program; or as a graduate level physical therapy, occupational therapy, neuropsychology or speech language pathology student
- Must be a permanent resident in one of the following counties: Oceana, Newaygo, Mecosta, Muskegon, Montcalm, Ottawa, Kent, Ionia, Allegan, Barry, Eaton, Van Buren, Kalamazoo, Calhoun
- Demonstrates leadership abilities through participation in community service, extracurricular, or other volunteer activities

**INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION**

Please complete the application by typing or printing legibly. Only completed and signed applications will be considered. **Please submit the following items with this completed application form.**

1. Copy of your most recent **transcript of grades** from current or last school attended. **An official transcript from the school is required by the April 1, 2018 application deadline.**
2. **Three original letters of recommendation** from individuals who are not related to you, the applicant. One must be from a faculty advisor. At least one should reflect your interest in a nursing, therapy or neuropsychology career. All must be in original form, and must be signed and addressed to the Scholarship Selection Committee at the address noted below.
3. On a separate sheet of paper, please specify your involvement, and dates of participation, in **community service, extracurricular activities, volunteer involvement**, and any awards and honors you have received.
4. On a separate sheet of paper, please prepare a **personal statement**, not to exceed 1,500 words, indicating your interest in and commitment to a nursing, therapy, neuropsychology, orthotics or prosthetics profession, examples of your involvement in your minority community, your career goals, any other information on significant financial difficulties you are experiencing, and why you feel you should be selected to receive the scholarship.
5. Conduct research of Mary Free Bed Rehab Hospital through the website [www.maryfreebed.com/scholarship](http://www.maryfreebed.com/scholarship) and/or other methods of your choice and include observation/comments in your personal statement or as an addendum.
6. Provide proof of citizenship.
7. Provide copy of driver's license or other State-Issued ID (copies of both front and back).
8. Provide a letter of acceptance into your chosen program.
9. Provide a copy of your complete Student Aid Report (SAR). This is obtained after filing your Free Application for Federal Student Aid (FAFSA) and must show the "Application Receipt Date:" "Processed Date:" and "EFC" (estimated family contribution).

**Please submit your completed application to:**

Attn: Human Resources Department

• Mary Free Bed Rehabilitation Hospital • 235 Wealthy SE • Grand Rapids, MI 49503-5299  
• [mfb scholarship@maryfreebed.com](mailto:mfb scholarship@maryfreebed.com) • 616.840.8000 • 800.528.8989 ext.58667

**Mary Free Bed Guild**  
**Minority Scholarship Application**  
**2018-2019 Scholarship Program**  
*Deadline: Postmarked by April 1, 2018*

**APPLICANT'S PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Gender  Female  Male Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Classification for 2018-2019  College Freshman  College Sophomore  College Junior  
 College Senior  Graduate-level Student

Type of Academic Program (please check one)

- Nursing (please specify ADN, BSN, MSN or other registered nurse program) \_\_\_\_\_  
 Therapy (please specify OT, PT SLP, or Therapeutic Recreation) \_\_\_\_\_  
 Orthotics and/or Prosthetics (please specify) \_\_\_\_\_  
 Neuropsychology

**Ethnicity**

- Native Hawaiian or Other Pacific Islander  Black or African American  Hispanic or Latino  
 American Indian or Alaskan Native  Asian  
 Two or more races (all persons who identify with more than one of the above six races)

<b>Permanent/Home Address</b>	<b>Temporary/School Address (if different)</b>
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

Email address \_\_\_\_\_

Day Telephone (\_\_\_\_\_) \_\_\_\_\_ Evening Telephone (\_\_\_\_\_) \_\_\_\_\_

**FINANCIAL INFORMATION**

Are you receiving other financial aid or support for the upcoming academic year?  Yes  No

Have you applied for the Mary Free Bed Scholarship in previous years?  Yes  No

Have you applied for other Scholarships?  Yes  No      Have you applied for Financial Aid?  Yes  No

If no, why not? \_\_\_\_\_

**A. INDEPENDENT STUDENT**

**-OR-**

**B. DEPENDENT STUDENT**

Did you personally file income taxes for the previous tax year?  Yes  No

Did your parent or guardian file income taxes for the previous tax year?  Yes  No

If yes, number of dependents you claimed?

Did your parent or guardian claim you as a dependent?  Yes  No

Total number of dependents that your parent or guardian claimed?

Are you currently employed?  Yes  No Full or Part time? \_\_\_\_\_

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If Employed, where: \_\_\_\_\_

<b>PROJECTED ANNUAL SCHOOL EXPENSES FOR 2018-19</b>		<b>PROJECTED SOURCES OF INCOME FOR 2018-19</b>	
Tuition	\$ _____	Parents' Contribution	\$ _____
Room/Board or Other Housing Expenses	\$ _____	Grants – specify _____	\$ _____
Other Educational Expenses-specify _____	\$ _____	Scholarships – specify _____	\$ _____
Other Expenses-specify _____	\$ _____	Student Employment Income	\$ _____
<b>Total Projected Expenses</b>	<b>\$ _____</b>	<b>Total Projected Contribution</b>	<b>\$ _____</b>

How did you hear about the Mary Free Bed Scholarship Program?

- Friend                       School Fair  
 Faculty                       Website  
 Parent                       Other: please specify \_\_\_\_\_

**ACADEMIC INFORMATION**

Are you currently enrolled or accepted into a nursing, physical therapy, occupational therapy, speech language pathology, therapeutic recreation, neuropsychology or orthotics/prosthetics program at an accredited college or university in the upcoming academic year?       Yes  No

Expected Graduation Date from Program \_\_\_\_/\_\_\_\_/\_\_\_\_

List all high schools, colleges and universities attended, including current:

<b>Name of School</b>	<b>Location</b>	<b>Dates Attended</b>	<b>Degree Received</b>

School to which you would apply a MFB scholarship \_\_\_\_\_

**AGREEMENT & TERMS OF MARY FREE BED SCHOLARSHIP APPLICANTS**

I understand that the Mary Free Bed Scholarship Committee may request additional information, including a personal interview, to make a decision on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award.

If I am selected for this scholarship, I agree to provide a copy of my official transcript (grades) at the end of each semester.

I understand that scholarship funds may only be applied to offset financial obligations that I have incurred or reasonably expect to incur for tuition, room and board, and other educational expenses during the academic year. I further understand that if I receive a scholarship and accept the award, a check for my tuition, room and board (if applicable) will be paid directly to the college or university. I understand that I must submit documentation of other educational expenses, which, upon approval, will be reimbursed directly to me. I further understand that I am responsible for any tax liability incurred because of this award.

I certify that the statements that I have provided on this application are true and correct and are given for obtaining a Mary Free Bed scholarship. I authorize Mary Free Bed to verify the statements contained herein and I understand that all personal information contained on this application will be held in confidence by the Scholarship Selection Committee.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For questions or additional information please contact Human Resources at [mfbscholarship@maryfreebed.com](mailto:mfbscholarship@maryfreebed.com)**  
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