

R. IRVIN MORGAN, M.D., SCHOLARSHIP GUIDELINES

DESCRIPTION:

In honor of the late R. Irvin Morgan, M.D., life-long Greenville resident and long time practicing pathologist, the Medical Staff of Hunt Regional Medical Center of Greenville awards one scholarship each year in the amount of \$3,000 to a graduating high school senior. These funds will be expended from the Medical Staff account established in the HMHD Charitable Health Foundation by the Medical Staff Office.

ELIGIBILITY REQUIREMENTS:

Applicants must be:

1. Graduating from a high school in Hunt County, and
2. **Planning to seek a career in the medical field**, preferably in the fields of laboratory or pathology services.

APPLICATION PROCESS:

1. The Hunt Regional Healthcare Foundation will distribute applications to the counselor's office in each high school of Hunt County.
2. Applicants must be received by the Hunt Regional Healthcare Foundation office at Hunt Regional Medical Center at Greenville by **5:00 p.m., Friday April 22, 2016.**
3. The scholarship recipient will be contacted by the Chief of the Medical Staff or the chairman of the selection committee and an announcement will also be made in the local newspaper.

SELECTION PROCESS:

1. The winner of this competitive scholarship will be selected on the basis of a point system; explanation of the point system is included with the application.
2. A committee of three Active Medical Staff members, including the Chairman of the Department of Pathology at Hunt Regional Medical Center of Greenville, will be selected each year by the Medical Staff Executive Committee to evaluate the applications and select the recipient.

DISTRIBUTION OF FUNDS:

1. Scholarship monies will be sent to the scholarship office of the recipient's chosen college or university.
2. Recipients may elect to utilize the \$3,000 scholarship in one semester or divide the funds between two consecutive semesters in \$1,500 increments.
3. The scholarship is intended to be used for the payment of tuition and associated course fees, i.e., laboratory fees.
4. Only upon approval of the Medical Executive Committee may scholarship funds be used to pay for textbooks.
5. Scholarship funds may not be used to pay for housing or expenses other than those listed herein.
6. Funds will not be disbursed directly to the scholarship recipient.

R. IRVIN MORGAN, M.D., SCHOLARSHIP POINT SYSTEM

1. ACT Scores 23+ = 15 pts 17 – 22 = 10 pts <17 = 5 pts
2. SAT Scores 1100+ = 15 pts 850-1099 = 10 pts <850 = 5 pts
3. GPA 4.0 = 20 pts 3.5 = 15 pts 3.0 = 10 pts
 3.9 = 19 pts 3.4 = 14 pts 2.9 = 9 pts
 3.8 = 18 pts 3.3 = 13 pts 2.8 = 8 pts
 3.7 = 17 pts 3.2 = 12 pts 2.7 = 7 pts
 3.6 = 16 pts 3.1 = 11 pts 2.6 = 6 pts
4. Curriculum/Degree Plan Distinguished/Advanced = 15 pts Recommended = 10 pts General = 5 pts
5. Financial Need Under \$15,000 = 20 pts \$15,000- \$25,000 = 15 pts
 \$25,000- \$35,000 = 10 pts \$35,000- \$50,000 = 5 pts
 Over \$50,000 = 3 pts
6. Extracurricular Activities including Honors and Awards:
1 point for each year involved in each organization
1 extra point for position of leadership
25 points Maximum
7. Employment – (Please include dates)
30 hours/week + = 15 pts
20-29 hours/week = 10pts
10-19 hours/week = 5 pts
2-9 hours/week = 3 pts
8. Community/Volunteer Service – (Please include dates)
50+ hours = 15 pts
35 - 49 hours = 10 pts
20 - 34 hours = 5 pts
19 or less = 3 pts
9. Family household members: Each member = 3 pts (Currently living in household)
12 points Maximum
Family members in college: Each household member currently enrolled in college = 3 additional pts
10. Essay = **25 points maximum**
11. Letters of Recommendation = 3 pts each (limited to 3 letters)

R. IRVIN MORGAN. M.D., SCHOLARSHIP APPLICATION

Name: _____
 First Middle Last

Address: _____
 Street City, State Zip

Telephone: _____
 Home Number Parent's Day Work Number

1. ACT Score: _____ or SAT Score: _____
2. Graduation Plan:
3. GPA: _____ Class Rank: _____ Number in Class: _____

4. What college do you plan to attend?

Have you been accepted?

What is your intended major?

5. Financial Need: Check the box in front of the dollar range that most closely represents your total annual household income.

Under \$15,000 \$25,000 - \$35,000 Over \$50,000

\$15,000 - \$25,000 \$35,000 - \$50,000

6. List extra curricular activities, including honors and awards, you have participated in during your high school career (include leadership positions).

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7. Employment: List where you work and the number of hours worked per week.

8. Community/volunteer service; list places of service and the total hours of each.

9. Number of members currently in your household: Total _____
Number of members enrolled in college full time? _____

10. Attach a one page typed essay stating your goals related to a career in the medical field, how you plan to achieve these goals, and why you think you should be considered for this scholarship.



The deadline for submitting applications is 5:00 p.m., Friday, April 22, 2016. No applicants will be accepted after this date. Applicants should be mailed to:

Alicia Wittkopf, Director
Hunt Regional Healthcare Foundation
4215 Joe Ramsey Boulevard
P.O. Drawer 1059
Greenville, TX 75403-1059