

ST. TAMMANY HEALTH SYSTEM NURSING AND ALLIED HEALTH SCHOLARSHIP APPLICATION

St. Tammany Parish Hospital Service District No. 1 d/b/a St. Tammany Health System ("STHS" or "System") Board of Commissioners has established a Scholarship Program to create a sustainable dedicated workforce by increasing educational opportunities available to the Nursing and Allied Health students and for existing STHS employees who seek to further their education. Pursuant to Section B (4) of the Scholarship Agreement continual eligibility under the Scholarship Program is on a semester-by-semester basis. Recipient must complete this form each semester and meet the eligibility criteria.

Section A-Scholarship Type and Semester

Check applicable scholarship:

Nursing Scholarship
 Allied Health Scholarship

Applicable semester:

Fall Semester
 Spring Semester
 Summer Semester

Section B-CHECKLIST: Before you return the Scholarship Continuance package, please verify that you have enclosed the following documentation. Incomplete applications will be disqualified and will not be reviewed.

Check each item to verify completion:

Completed Request for Continuance

Please include the following:

Current academic transcript (s)-copy/ unofficial transcripts/ score is acceptable
 Two (2) letters of recommendation from faculty or director, where applicable.
(Must be in a sealed envelope and signed across the sealed flap).

Section C-Applicant Contact Information

Name: _____

Address: _____

Telephone No.: _____

Email: _____

Date of Birth: _____

Academic Year: _____

School Attending: _____

I have conducted a review of the Recipient's file and instant Request for Scholarship Continuance and certify that the Recipient meets the continual eligibility criteria.

Verified By:

Member of the Scholarship Review Committee

DATE: _____