Methodist Dallas Medical Center Auxiliary
Scholarship Program
Rules and Procedures to apply for
Lela Putnum-Glover Nursing Scholarship Fund
Lillian Wesson Health Careers Scholarship Fund

1) Scholarship recipients must be a resident of Dallas /Fort Worth Metroplex

2) Scholarship applications for the fall semester must be received by March 15.
   Scholarship applications for the spring semester must be received by October 15.

3) Scholarship applications will be considered and approved by the Methodist Dallas Medical Center Auxiliary Scholarship Committee members. At least Two (2) $500 Nursing scholarships & Two (2) $500 Health Career scholarships are available each semester.

4) Scholarship fund must be paid to the nursing school, college or educational institution.

5) Scholarship recipients, after receiving the first scholarship, may only receive one additional scholarship.

Please submit application to
Methodist Dallas Medical Center Auxiliary
1441 North Beckley Avenue
Dallas, TX 75203
Front of envelope...Write Auxiliary Gift Shop
Attention: Trining Yadav, MDMCA Scholarship Committee Chairperson
If hand delivered take to Auxiliary Gift Shop
Follow instructions for returning and processing of your application,

If any questions, concerns, corrections or comments, please e-mail Trining Yadav trinesh327@yahoo.com
METHODIST DALLAS MEDICAL CENTER AUXILIARY
1441 N. Beckley Ave.
Dallas, Texas 75203

NURSING AND HEALTH CAREER

SCHOLARSHIP APPLICATION

PLEASE NOTE: Students applying for our scholarship must be currently enrolled in or accepted in a post secondary medical or medically related program at an accredited school, college, or university.

FIRST NAME ___________________ LAST ___________________ SSN ___________________

DATE OF BIRTH ___________________ PHONE (HOME) ___________________ CELL) ___________________

MAILING ADDRESS ___________________ CITY ___________________

ZIP CODE ___________ E-MAIL ADDRESS ___________________

MARITAL STATUS: SINGLE ________ MARRIED ________ TX RESIDENT? ________ HOW LONG? ______

NUMBER OF DEPENDENT CHILDREN ________________

IF EMPLOYED, STATE WHERE ___________________ POSITION ___________________

SCHOOL, COLLEGE, OR UNIVERSITY IN WHICH YOU ARE CURRENTLY ENROLLED OR HAVE BEEN

ACCEPTED ______________________________________________________________________

THE MEDICAL PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED OR HAVE BEEN

ACCEPTED ______________________________________________________________________

WHAT EXPERIENCE HAVE YOU HAD IN MEDICALLY RELATED PROFESSIONS? ______________________________________________________________________

AFTER COMPLETION OF YOUR DEGREE, WHAT ARE YOUR FUTURE PLANS? ______________________________________________________________________

MAY WE ANNOUNCE ANY SCHOLARSHIP YOU MAY BE AWARDED TO THE MEDIA? ________________

PLEASE NOTE: BEFORE THIS APPLICATION CAN BE CONSIDERED, THE SCHOLARSHIP COMMITTEE MUST HAVE A COMPLETED APPLICATION INCLUDING THE FOLLOWING:

1. A LETTER OF ACCEPTANCE FROM THE SCHOOL, COLLEGE, OR UNIVERSITY AT WHICH YOU ARE CURRENTLY ENROLLED OR HAVE BEEN ACCEPTED
2. A CERTIFIED, CUMULATIVE TRANSCRIPT WITH A GPA OF 3.0 OR HIGHER
3. A ONE-PAGE STATEMENT SUPPORTING YOUR NEED FOR FINANCIAL HELP
4. THREE (3) LETTERS OF REFERENCE - (Professional, Academic, Personal) No Relatives
5. APPLICATION FOR FALL SEMESTER DEADLINE IS MARCH 15; SPRING SEMESTER DEADLINE IS OCTOBER 15
6. MAIL TO ABOVE ADDRESS OR TAKE TO METHODIST DALLAS MEDICAL CENTER Auxiliary GIFT SHOP
FINANCIAL INFORMATION

DO YOU RECEIVE FINANCIAL ASSISTANCE FROM PARENTS? ___________ WHAT AMOUNT? ___________

WHAT IS THEIR YEARLY COMBINED GROSS INCOME? ______________________________

ARE THERE OTHER DEPENDANTS? ___________ HOW MANY? _______ WHAT AGES? ______________

IF MARRIED, LIST SPOUSE'S NAME ________________________________

   SPOUSE'S EMPLOYER ________________________________

WHAT IS YOUR YEARLY GROSS INCOME? ___________ YOUR SPOUSES? ___________

IS THERE ANY OTHER HOUSEHOLD INCOME? ________________________

WILL YOU BE WORKING PART TIME WHEN ATTENDING SCHOOL?
   IF SO, STATE WHERE AND HOW MUCH YOU EXPECT TO EARN _______________________

ARE YOU RECEIVING ANY OTHER AID? __________ WHAT AMOUNT? __________ FROM WHOM? ______________

HAVE YOU APPLIED FOR AID FROM OTHER SOURCES? __________ FROM WHOM? _______________________

ARE YOU ELIGIBLE FOR A PELL GRANT OR ANY OTHER SCHOLARSHIPS? Circle Yes or No
   IF YES, PLEASE LIST: ________________________________

I PLEDGE THAT THE ABOVE STATEMENTS ARE ABSOLUTELY TRUE.

SIGNATURE: ________________________________

DATE: ________________________________