

Cortland Memorial

FOUNDATION

134 Homer Avenue • P.O. Box 2010 • Cortland, NY 13045
607-756-3757 • www.Guthrie.org

SCHOLARSHIP APPLICATION INSTRUCTIONS

Cortland Memorial Foundation awards scholarships to high school and college students pursuing careers in health care professions and to those who are in repayment of existing loans.

Scholarships are awarded for one academic school year and applicants may reapply each year.

QUALIFICATIONS:

- You must be at least a .4 employee at GCMC and completed your probationary period.
- At the time of application, you must be accepted into or have applied to a formal training program in a health care field or have loans in repayment that are related to your current profession.
- Prerequisite studies are only eligible on a case-by-case basis.
- Plan to be or are currently enrolled in at least a part-time class schedule.

SELECTION: Cortland Memorial Foundation will inform all applicants of the Scholarship Committee's final selections. Considerations include overall presentation and completeness of application packet, letter of reference, academic performance, field of study, volunteer/extracurricular activities and financial need. Awards are granted based on availability of funds and prioritized by need as determined by GCMC Human Resources Department. *We will notify all applicants by July 15.*

INSTRUCTIONS:

1. Apply to ONE program – Tuition Assistance for In-School or Tuition Buy-Back Post-Degree.
2. Please type application using this pdf fillable form. If your application is illegible, it will be returned to you.
3. *We accept emailed and hard copy applications.* Send completed application and required, supplementary materials to: cortland.foundation@guthrie.org. Applications may also be sent by U.S. Mail or inter office mail.
4. Application packets must be received by 4:30 pm on June 1. Only complete and timely application packets are eligible for consideration.

REQUIRED SUPPLEMENTARY APPLICATION MATERIALS:

1. **Tuition Assistance Applicants Only - Academic transcripts** - A copy of your most recent high school or college **unofficial** academic transcripts.
 - A. *High school students*, please provide transcripts of any high school and/or college course work completed.
2. **Narrative essay** - A typed narrative essay, not to exceed 500 words: ***Why should the scholarship committee select?*** Please share academic achievements, community service activities, examples of leadership or other personal characteristics that make you deserving of a scholarship including specific goals, and if Guthrie Cortland is part of your career plan.
3. **Resume** - A current resume, limited to two pages.
4. **Reference letter** - One current, signed letter of reference from your manager/supervisor, an employer, teacher or professor in your major field, preferably on letterhead. The Reference Letter should be sent directly to the Foundation via email (cortland.foundation@guthrie.org) OR by U.S. Mail (Cortland Memorial Foundation, 134 Homer Avenue, Cortland, NY 13045). The postmark must be no later than **June 7th**.
5. **Tuition Buy-Back Applicants Only** - You will need to submit your student loan information - ie. Lender(s) Statement, Loan Balance(s) and Proof you are currently in good standing with your Lender(s).

QUESTIONS? Email Cortland.foundation@guthrie.org or call **607-756-3757**.

Select one scholarship: Tuition Assistance in School			Tuition Buy-Back Post-Graduation		
APPLICANT INFORMATION					
Last name:		First name:		Middle initial:	
Current mailing address:		City:		State:	Zip:
Preferred E-mail address:			Cell phone _____ Landline _____		
Please indicate your intended field of study:					
Nursing - ADN		Pharmacy Tech - Associates		Imaging - Bachelors	
Nursing - BSN		Pharmacist		Physician Assistant	
Nursing - Advanced Practice		Imaging Tech - Associates			
Other: _____					
Have you been accepted into the program?		Yes	No	**Please include copy of Acceptance Letter with Application	
Date you expect to be accepted: _____					
School you plan to attend: _____					
I plan to attend:		Anticipated Graduation Date:		Do you plan to be employed while continuing your education?	
Full-time	Part-time	Month/Year: _____		Yes	F/T
				P/T	No
Are you an employee or volunteer of Guthrie Cortland?			Position:		
Current employee		Volunteer		Department:	
Have you received a Cortland Memorial Foundation Scholarship in the past?			If you received a Cortland Memorial Foundation scholarship under a different name, please write it below:		
Yes		No			
Is working at Guthrie Cortland or the Guthrie community part of your career plan?			How did you learn about our scholarship?		
Yes		No			
EDUCATION SUMMARY					
Name of school	Dates attended	Credit hours	Degree/Major	Graduation date or anticipated graduation date	GPA

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DEPENDENT			
Do your parents claim you as a dependent? Yes No (if no, complete next section)	How many <u>children</u> are dependent upon your parents' support?		
Total household annual income (Gross): \$	Amount of annual financial support your parents are able to provide: \$		
INDEPENDENT – PARENTS DO NOT CLAIM YOU AS A DEPENDENT			
Number of <u>dependents</u> reliant on you:	Total household annual income (Gross): \$		
FINANCIAL ASSISTANCE			
Will you receive other financial assistance for school? No Yes (if yes, please complete next section)			
OTHER FINANCIAL ASSISTANCE			
Please list all:	Organization name	Amount of support	
Grants		\$	
Scholarships		\$	
Employer tuition reimbursement		\$	
Other		\$	
EDUCATIONAL EXPENSES –			
Tuition and fees	\$	Other school expenses	\$
Books and supplies	\$	Total expenses	\$
ADDITIONAL FACTORS influencing your financial capabilities for committee consideration:			
AGREEMENT			
I certify the information I have provided is true and correct. I will notify the Foundation if this information changes.			
I understand the purpose of this scholarship is to defray tuition, fees, and book expenses. Should I change my course of study to something other than a medically related field, I am obligated to return the full amount awarded.			
I will notify the Foundation if my student status changes from what I have stated on this application.			
I authorize the release of this application and any relevant supporting information to persons involved in the selection and awarding of scholarships.			
Applicant signature _____		Date _____	