



# SEVEN RIVERS

## MEDICAL & EDUCATIONAL FOUNDATION

Post Office Box 232, Crystal River, Florida 34423

*Specializing in Scholarships for the Healthcare Field*

Thank you for your interest in a scholarship from Seven Rivers Medical & Educational Foundation!

Thanks to the generosity of others – especially the Volunteer Services League at Seven Rivers Regional Medical Center in Crystal River, the Black Diamond Foundation, local area physicians and other healthcare professionals – the Foundation is able to provide scholarships to qualified students who want to enter the healthcare profession to assist them with the costs of tuition and/or books. (At this time, the Foundation is not providing scholarships for continuing education and/or post-graduate studies.) Enclosed with this letter is the application for scholarship form that must be completed and returned to the Foundation prior to being considered for a scholarship.

Please complete these forms, attach all requested supporting documentation, and mail the completed package to:

Application Screening Committee  
Seven Rivers Medical & Educational Foundation  
P.O. Box 232  
Crystal River, FL 34423

Completed packages must be received on or before the following dates:

April 15<sup>th</sup> to be considered for the summer terms,

July 15<sup>th</sup> to be considered for the fall term, and

November 15<sup>th</sup> to be considered for the winter/spring term.

Upon receipt of your application package, you will be contacted to set up an in-person interview.

Depending upon the career in the healthcare profession that you are pursuing, it may be possible to submit additional scholarship applications as you work your way through your education.

If you have any questions, please contact the office of the Volunteer Services League at Seven Rivers Regional Medical Center. The telephone number is (352) 795-8356.

The Board of Directors of the Foundation wishes you success on your journey toward achieving a career in the healthcare profession!



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### APPLICATION FOR SCHOLARSHIP

(Please clearly print all information)

#### Student Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Marital status: \_\_\_\_\_

Number of dependents: \_\_\_\_\_ Ages of dependents: \_\_\_\_\_

Level of education completed:  high school or GED  technical school  some college  
 college (degree: \_\_\_\_\_)  some post-graduate  post-graduate (degree: \_\_\_\_\_)

Current occupation: \_\_\_\_\_

Current employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Current monthly income: \$ \_\_\_\_\_

Monthly mortgage/rent payment: \$ \_\_\_\_\_ Monthly household income: \$ \_\_\_\_\_

Do you:  own a home  rent a home/apartment  live with your parents

How did you hear about Seven Rivers Medical & Educational Foundation? \_\_\_\_\_  
\_\_\_\_\_

#### School Information

Chosen field of study in the healthcare profession:

CNA  EMT  LPN  PM  RN  Other: \_\_\_\_\_

Name of school: \_\_\_\_\_

Address of school: \_\_\_\_\_

Telephone number of school: \_\_\_\_\_

Have you been accepted?  Yes  No (If yes, please attach a copy of your acceptance letter)

Expected date of graduation: \_\_\_\_\_

Have you registered for the program?  Yes  No If yes, date: \_\_\_\_\_

**Important Note:** Information submitted on this application for scholarship is subject to verification. Failure to complete all information above may result in denial of your application.







# SEVEN RIVERS

## MEDICAL & EDUCATIONAL FOUNDATION

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**Specializing in Scholarships for the Healthcare Field**

*The goal of the Seven Rivers Medical & Educational Foundation, Inc. is to provide educational scholarships to local area residents for the purpose of assisting selected individuals in achieving careers in the healthcare profession. This document describes the terms and conditions under which any such scholarship will be given.*

1. **Grades**

You acknowledge that you must maintain a passing grade point average for all courses or programs covered by a scholarship. A copy of the final grade for any course(s) covered by a scholarship must be forwarded to the Foundation.

2. **Service Commitment**

- a. You agree that this scholarship is given with the mutual understanding that you will complete the course of study; and
- b. You agree that you shall complete twelve (12) continuous months of full- or part-time employment in the healthcare profession in Citrus, Levy, Marion, or Hernando county, commencing from the later of the date you complete your degree, receive your certificate, or complete your course. You agree to notify the Foundation about your fulfillment of this commitment.

3. **Circumstances Creating Repayment Obligation**

You agree to repay to the Seven Rivers Medical & Educational, Inc., the full amount of the scholarship in one lump sum within ninety (90) days of the occurrence of any one of the following events:

- a. You fail to complete your school, program, or course, or
- b. You, for any reason, do not complete one year of full- or part-time employment in Citrus, Levy, Marion, or Hernando county as described above.

4. **Repayment Forgiveness**

Upon your completion of all educational, licensing, and employment requirements described in this document, no repayment of the scholarship will be requested.

5. **Your Tax Liability**

You are solely responsible for any individual tax liabilities that are incurred as a result of the repayment forgiveness provision described herein.

6. **Receipt**

By signing this form, you acknowledge that you have read this document and understand the contents of it. You also voluntarily agree to all the provisions of this document.

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_  
(Date)

Name of Parent/Guardian (if you are a minor): \_\_\_\_\_  
(Please print)

Signature of Parent/Guardian: \_\_\_\_\_  
(Date)