

HIGHLINE MEDICAL CENTER

FOUNDATION

2019 Paul Tucker Scholarship Application

The Highline Medical Center Foundation is pleased to announce we are accepting applications for the Paul Tucker Scholarship Award for Fall of 2019. The Foundation will be granting scholarships of **\$1,000 or more**, depending on the number applicants.

The program is open to all full-time and part-time (.6+) employees of Highline Medical Center currently in good standing after five years of employment. Applicants must have demonstrated a superior work ethic that will be attested to by a letter of recommendation from employees' department head. A letter of recommendation must accompany the application.

The educational or training opportunity must have an immediate relationship to the applicant's career path, will help him/her to achieve excellence in his/her current tasks or advance in a field specifically needed by or supportive of the mission, vision and values of Highline Medical Center.

Applicants must have demonstrated a superior work ethic that will be attested to by a letter of recommendation from the staff person's department head. The letter of recommendation must accompany the application.

Scholarships will be awarded for Fall quarter 2019. Applicants must provide proof of college enrollment for Fall quarter, no later than **August 31, 2019**, to receive the scholarship funds. The funds will be sent directly to the approved educational institution. All funds must be dispersed to educational institutions in 2019.

Please complete this application in full. Scholarship winners will be selected based on the following criteria.

FULL NAME _____ DATE _____

PHONE _____ EMAIL _____

DEPARTMENT _____ JOB TITLE _____

DOH _____ STATUS (FT/PT) _____

Are you employed in good standing (no disciplinary actions in 12 months)? _____

Are you a new or returning student? NEW RETURNING

What is the anticipated cost of your full program _____

Where will you be attending school (must provide proof of enrollment) _____

Do you have other sources of funding available to you? Yes No

If yes, please explain _____

Do you plan to continue employment with the hospital for at least 12 months, after graduation?

Yes No

If awarded, would you be willing to share your story with others (i.e. employee campaign, Foundation-related activities)? Your response will not affect the selection process.

- Yes No Maybe

Please state your educational goals:

Please state how your education goals will support the mission of Highline Medical Center:

Please describe how you model the hospital standards of performance in your current position (you may use the back side of this form, but no more than 350 words):

Applications are accepted April 8 – May 24, 2019. Scholarship awards will be announced in **June, 2019**. Checks will be made payable to approved educational institutions. Employees must provide certification of completion. Scholarships not used by recipients in 2019 will not be held for employees' future use, but will revert back to the scholarship fund. Employees are responsible for applicable taxes. Employees agree to stay employed at Highline Medical Center for one year following disbursement of scholarship funds.

Employee Signature

Date

Employee's Department Head Signature

Date

Employee's Administrator Signature

Date