



Administered by the Fayetteville Area Community Foundation

Murray T. Harris Scholarship

Application Criteria and Guidelines

The MANA Charitable Fund is pleased to offer scholarship support for students in allied health programs in Washington and Benton Counties of Arkansas. Allied health programs include, but are not limited to, radiology technologist, clinical laboratory scientist, nursing, and respiratory therapy. The Scholarship focuses on professions within the healthcare sector that are currently underserved, to help attract qualified candidates in these fields. It is intended to cover books, fees and similar expenses for students in qualified educational programs.

The Grantmaking Committee at the Fayetteville Area Community Foundation will evaluate all applicants. In order to qualify for a scholarship, applicants must meet the following requirements:

- Accepted or currently enrolled in an accredited allied health program;
- Be a resident of Washington or Benton County in Arkansas, or enrolled in an allied health program in Washington or Benton County in Arkansas;
- Demonstrated past academic achievement;
- Provide two confidential letters of recommendation, one of which must be from a college professor or advisor on official school letterhead; family members may not write a recommendation letter. Letters must be enclosed in a sealed envelope with signature of person completing the reference across the seal and must be included with the application packet;
- Demonstrate personal motivation for excellence in both character and academic achievement. Personal integrity, as exemplified by leadership, community involvement, and concern for others, will be considered;
- Possess a desire to practice in Washington or Benton County in Arkansas;
- Candidate may be called for a personal interview;
- Under certain circumstances including, but not limited to early withdrawal, scholarship money may be forfeited;
- Ensure that the scholarship application has been completed and signed and application deadline met.

The MANA Charitable Fund does not discriminate in its policies on the basis of race, color, nationality, ethnic origin, sex or religious belief. Payment of funds is conditional upon documentation of entry and good standing in an accredited program. Financial need will not be the primary consideration but may be a factor in the final selection process. Completion of an application does not guarantee the receipt of a scholarship. Preference may be given to previous Murray T. Harris Scholarship awardees.

Application Materials Required:

- Completed Application Form – Please do not leave any question blank or your application will be disqualified.
- Two Letters of Reference. Letters must be enclosed in a sealed envelope with signature of person completing the reference across the seal and must be included with the application packet.
- Official Transcript from most recently attended school.
- Brief statement (200 words or less) describing your motivation for entering your chosen health field/program.
- **All application materials should be included in one envelope.**

Please return completed application and all required materials to:

Please return your application to the following address:

Fayetteville Area Community Foundation
Attention: MANA / Murray T. Harris Scholarship
P.O. Box 997
Fayetteville, AR 72702
(479) 444-6880

Application Deadline is June 1, 2012

Applications received after that date will not be considered.



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Murray T. Harris Allied Healthcare Scholarship Application 2012

PERSONAL

Last Name _____ First Name _____ M.I. _____

Current Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email Address _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Marital Status: _____ Single _____ Married

EDUCATION/TRAINING

Table with 5 columns: Name of School, City/State, Dates Attended, Did you Graduate? and rows for High School, College, Graduate School, Other school(s)

Current Program/Degree you are seeking _____ Dates _____

School Address _____ City _____ State _____ Zip _____

Program Director _____ Phone (____) _____

Current High School or College GPA: _____

Academic Honors:

Five horizontal lines for entering academic honors

COMMUNITY ACTIVITIES:

ADDITIONAL INFORMATION

Current Employer _____ Dates _____

Supervisor _____ Phone (_____) _____

List all sources of financial support including, but not limited to, other scholarships, financial aid, and parental/familial support

I do affirm that all responses contained in this application are true and correct to the best of my knowledge. I affirm that I will be able to provide two letters of recommendation and follow other guidelines as outlined in the Guideline Form. I give the Fayetteville Area Grantmaking Selection Committee permission to verify the above information for the sole purpose of scholarship consideration. If selected as a scholarship recipient, I grant permission for the MANA Charitable Fund and/or the Fayetteville Area Community Foundation permission to publish and to release scholarship information to the news media.

Signature _____ **Date** _____

Parent or Guardian signature, if under 21 years of age:

Name _____ Date _____