

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 AT TIME OF APPLICATION:

- Acceptance into or application to a formal training program in a health care field or have loans in repayment that are related to your current profession.
- Current enrollment or plans to enroll in at least a part-time class schedule.

SELECTION: Cortland Memorial Foundation will inform all applicants of 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 presented 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-Graduation.
2. Type application using this pdf fillable form.
3. ***We accept emailed and hard copy applications.*** Once complete, send application and required supplementary materials outlined below to cortland.foundation@guthrie.org. Applications may also be sent by mail/inter office mail.
4. Application packets must be submitted by 4:30 pm on June 1. Only complete and timely application packets are eligible for consideration.

REQUIRED SUPPLEMENTARY APPLICATION MATERIALS:

1. **Academic transcripts are required if applying for tuition assistance while in school-** A copy of your most recent high school or college **unofficial** academic transcripts.
2. **A copy of your most recent Student Loan Statement(s) is required if applying for Tuition Buy Back Post-Graduation.**
3. **Provide a copy of your (or your parent's if applicable) most recent Federal Income Tax Return.**
4. **Narrative Essay** - A typed narrative essay, not to exceed 500 words: ***Why should the scholarship committee select me for a scholarship?*** Please share academic achievements, community service activities, examples of leadership or other personal characteristics that make you deserving of a scholarship including specific goals. Be sure to indicate if Guthrie Cortland is part of your career plan.
5. **Resume** - A current resume, limited to two pages.
6. **Reference letter** - One signed letter of reference from your current manager/supervisor is required. An additional reference may be submitted by an employer, teacher or professor in your major field, preferably on letterhead, ***sent directly*** to the Foundation via email OR mailed to: Cortland Memorial Foundation; 134 Homer Avenue; Cortland, NY 13045. The postmark must be no later than **June 7th**.

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

Please Note: All documents requiring a signature will have to be signed by hand.

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Select one scholarship: <input type="checkbox"/> Tuition Assistance in School			<input type="checkbox"/> Tuition Buy-Back Post-Graduation		
APPLICANT INFORMATION					
Last name:		First name:		Middle initial:	
Current mailing address:		City:		State:	Zip:
E-mail address:			Message phone:		
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 list 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 before taxes: \$	Amount of annual financial support parents are able to provide to you: \$		
INDEPENDENT – PARENTS DO NOT CLAIM YOU AS A DEPENDENT			
Number of <u>dependents</u> reliant on you:	Total household annual income before taxes: \$		
FINANCIAL ASSISTANCE			
Will you receive other financial assistance for school? Yes No (if yes, 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 that the information I have provided is true and correct. I will notify the Foundation if this information changes.			
I understand that 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 _____