



**NORMAN  
REGIONAL**  
Health System

**FOUNDATION**

**SCHOLARSHIP GUIDELINES**  
**P.O. Box 1665 \* Norman, OK 73070**  
**(405) 307-1077**

The Norman Regional Health Foundation awards scholarships annually to students enrolled in a health system related curriculum based on scholarship and financial need. These scholarships are intended to assist all levels of students, in the attainment of a degree or certification in a health system related field based on hospital need.

1. College students who are accepted into a health system related curriculum (example: students who have been accepted into the BSN program ARE eligible, students working on their prerequisite courses ARE NOT eligible)
2. Career Tech students seeking to complete a program in a health system related field are eligible
3. Bachelor of Science graduates seeking post graduate degree in a health system related field (example: if you are enrolled in a pre-med program you ARE NOT eligible)

Note: Until you are actually in the health system related curriculum portion of your studies, you are not eligible for this scholarship. If you have any questions or need clarification on eligibility, please call Trish Crow at 307-1077.

The terms and conditions of the scholarship are as follows:

1. Applicants must live or work in the Norman Regional Health System service area.
2. Scholarships range from a minimum of \$250 to a maximum of \$4,000 per year. If granted, scholarships will be split into two semesters. A check for the second semester is contingent upon receipt of a 2.75 Grade Point Average (GPA) and enrollment in second semester.
3. **Candidates must be accepted and show proof of enrollment at an accredited technology center, community college or degree granting college** and take at least 12 credit hours or equivalent. Consideration will be given for fewer credit hours provided the student is employed full time. Students employed full time will be required to carry a minimum of six (6) hours.
4. Candidates must submit a **legible copy of your higher education transcripts** from approved schools. A minimum of 2.75 overall GPA must be maintained to be considered.
5. Candidates must attach a short letter of introduction including:
  - **Statement of your reason for applying**
  - **Financial need**
  - **Your plans for the future**
  - **Where you see yourself geographically after completion of the program**
6. Candidates must submit the completed scholarship application to the Foundation office by **April 7, 2022**. Late applications will not be accepted.
7. The selection process will take place the weeks following the deadline. Finalists will be notified by phone, all others by mail. The finalists will be interviewed in person on the afternoon of **May 12, 2022**. *(This is a required part of the application process for finalists, please keep this date available.)*

## NORMAN REGIONAL HEALTH FOUNDATION SCHOLARSHIP APPLICATION

### Instructions

- **Complete and return this form** to the office of Norman Regional Health Foundation at 901 N Porter Ave., or mail to NRH Foundation, P.O. Box 1665, Norman, OK 73070 (must be postmarked April 7, 2022)
- Include a letter of introduction to our board committee. Tell us your story! What would you like us to know about you? Include your reason for selecting the degree path and program you will be participating in, your reason for applying for financial assistance and your plans after graduation - including where you see yourself geographically. **Be specific regarding your financial need.**
- Complete the attached Financial Statement excel spreadsheet and enter data on application. **Do Not Return**
- Provide a **legible copy** of all higher education transcripts – certified copy not required.
- Submit the completed application by **April 7, 2022**

### Personal Data

Name:

Cell Phone:

Address:

City, State, Zip:

Email Address:

Do you work at NRHS?  Yes  No Are you a previous NRHS Healer?  Yes  No

Which department do you/did you work in?

Are you employed as a  full-time or  part-time employee Number of years as a NRHS Healer:

Do you have an immediate relative who works at NRHS?  Yes  No

If yes, what department?

What School will you be attending?

Planned date of graduation:

Have you received an acceptance letter to an accredited program?  Yes  No

What degree or certification do you plan to obtain?

How many hours will you carry per semester?

What is your cumulative GPA?

How did you hear about this Scholarship?  MyLink  NRHF Website  Family

Co-Worker  iGive  Other:

### Financial Data

Complete the attached excel spreadsheet by filling in ANNUAL expenses for each blue cell. Leave blank if it does not apply. Totals will auto calculate in green cells. Use these numbers to complete the next section.

Have you received a NRH Foundation Scholarship before?  Yes  No Year(s) Amount \$

Total Projected Annual Expenses: \$

Total Annual School Expenses: \$

Student Loan Balance: \$

Other Grants, Scholarships and Financial Aide: \$

Expected NRHS Tuition Reimbursement Academic Year 22-23: \$

**Activities**

Please list volunteer and/or community activities:

Please list Health System/Foundation Involvement: