



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 radiology technologist, clinical laboratory scientist, nursing, respiratory therapy, physical therapy and occupational 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 - Arkansas 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 including radiology technologist, clinical laboratory scientist, nursing, respiratory therapy, physical therapy and occupational therapy;
- 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, 2016**

Applications received after that date will not be considered.

**Please be aware: Scholarships will be awarded by July 15. Applicants will receive notification by mail.**



Administered by the Fayetteville Area Community Foundation

## Murray T. Harris Allied Healthcare Scholarship Application 2016 - 2017

### 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

	Name of School	City/State	Dates Attended	Did you Graduate?
High School				
College				
Graduate School				
Other school(s)				

Current Program/Degree you are seeking \_\_\_\_\_

School Name \_\_\_\_\_

Date began program \_\_\_\_\_ Expected Finish Date \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Program Director \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Current High School or College GPA: \_\_\_\_\_

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 Grant making 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 and my photo to the news media.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

Name \_\_\_\_\_ Date \_\_\_\_\_