

**Mary Free Bed Guild  
Minority Scholarship Application  
2020-2021 Scholarship Program  
Deadline: Postmarked by May 1, 2020**

---

**SCHOLARSHIP PROGRAM CRITERIA**

The Mary Free Bed Guild has established annual scholarships for minority students pursuing degrees in nursing, physical therapy, occupational therapy, speech language pathology, therapeutic recreation, neuropsychology or orthotics/prosthetics. An individual is eligible to apply for a one-year scholarship for tuition, room and board if they meet the established criteria. Scholarship amounts range from \$1,000 to \$5,000 and are determined based on individual needs, other scholarships awarded, number of applicants, and the Mary Free Bed Guild's available financial resources.

**Eligibility Requirements**

- Black or African American, Asian, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native
- Currently enrolled in, or accepted into an accredited college or university as a full-time, degree-seeking student in a nursing, therapeutic recreation, orthotics or prosthetics program; or as a graduate level physical therapy, occupational therapy, neuropsychology or speech language pathology student
- Cumulative college GPA of 3.0 or better on a 4.0 scale (overall and in the chosen area of study)
- Demonstrates leadership abilities through participation in community service, extracurricular, or other volunteer activities
- Demonstrates a commitment to serving diverse populations
- Must be a permanent resident of Michigan
- U.S. Citizen or Eligible Non-Resident

**Submit your completed application to:** Attn: Human Resources Department  
Mary Free Bed Rehabilitation Hospital • 235 Wealthy SE • Grand Rapids, MI 49503-5299  
[mfbscholarship@maryfreebed.com](mailto:mfbscholarship@maryfreebed.com) • 616.840.8667 • 800.528.8989 ext.58667

## **INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION**

Complete the application by typing or printing legibly. Only completed and signed applications will be considered. Previous recipients are eligible to reapply and must follow all application instructions and continue to meet eligibility requirements. If selected the Scholarship can be received a maximum of three (3) times.

Submit the following items with this completed application form.

1. Copy of your most recent transcript of grades from current or last school attended. An official transcript from the school is required by the May 1, 2020 application deadline.
2. Three original letters of recommendation from individuals who are not related to you, the applicant. One must be from a faculty advisor. At least one should reflect your interest in a nursing, therapy or neuropsychology career. All must be in original form, and must be signed and addressed to the Scholarship Selection Committee at the address noted below.
3. On a separate sheet of paper, specify your involvement, and dates of participation, in community service, extracurricular activities, related employment, volunteer involvement, related employment, and any awards and honors you have received.
4. On a separate sheet of paper, prepare a personal statement, not to exceed 1,500 words, indicating your interest in and commitment to a nursing, therapy, neuropsychology, orthotics or prosthetics profession, examples of your involvement in your minority community, your career goals, any other information on significant financial difficulties you are experiencing, and why you feel you should be selected to receive the scholarship. **Previous Recipients:** Prepare a statement, not to exceed 1,500 words, indicating how receiving the scholarship has impacted your educational journey, reduced financial strain, your current community involvement, and how you would use additional scholarship funds. Do not resubmit your original personal statement.
5. Conduct research of Mary Free Bed Rehab Hospital through the website [www.maryfreebed.com](http://www.maryfreebed.com) and/or other methods of your choice and include observation/comments in your personal statement or as an addendum.
6. Proof of citizenship or eligible non-resident documentation.
7. Copy of driver's license or other State-Issued ID (copies of both front and back).
8. Letter of acceptance into your chosen program.
9. Copy of your complete Student Aid Report (SAR). This is obtained after filing your Free Application for Federal Student Aid (FAFSA) and must show (1) Application Receipt Date, (2) Processed Date, and (3) EFC (estimated family contribution).

**Submit your completed application to:** Attn: Human Resources Department  
Mary Free Bed Rehabilitation Hospital • 235 Wealthy SE • Grand Rapids, MI 49503-5299  
[mfbscholarship@maryfreebed.com](mailto:mfbscholarship@maryfreebed.com) • 616.840.8667 • 800.528.8989 ext.58667

**Mary Free Bed Guild**  
**Minority Scholarship Application**  
**2020-2021 Scholarship Program**

Deadline: Postmarked by May 1, 2020

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Gender: ☐ Female ☐ Male ☐ Prefer Not to Answer Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Classification for 2020-2021 ☐ Freshman ☐ Sophomore ☐ Junior  
☐ Senior ☐ Graduate-level Student

Type of Academic Program (please check one)

☐ Nursing (specify ADN, BSN, MSN or other registered nurse program) \_\_\_\_\_  
☐ Therapy (specify OT, PT SLP, or Therapeutic Recreation) \_\_\_\_\_  
☐ Orthotics and/or Prosthetics (specify) \_\_\_\_\_ ☐ Neuropsychology

**Ethnicity**

☐ Native Hawaiian or other Pacific Islander ☐ Black or African American ☐ Hispanic or Latino ☐ Asian  
☐ American Indian or Alaskan Native ☐ Two or more races (all persons who identify with more than one of the above) ☐ Other \_\_\_\_\_

<b>Permanent/Home Address</b>	<b>Temporary/School Address (if different)</b>
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

Email address \_\_\_\_\_

Day Telephone (\_\_\_\_) \_\_\_\_\_ Evening Telephone (\_\_\_\_) \_\_\_\_\_

**FINANCIAL INFORMATION**

Are you receiving other financial aid or support for the upcoming academic year? ☐ Yes ☐ No

Have you applied for the Mary Free Bed Scholarship in previous years? ☐ Yes ☐ No

Have you applied for other Scholarships? ☐ Yes ☐ No

Have you applied for Financial Aid? ☐ Yes ☐ No

If no, why not?

**A. INDEPENDENT STUDENT**

**-OR-**

**B. DEPENDENT STUDENT**

Did you personally file income taxes for the previous tax year? ☐ Yes ☐ No

If yes, number of dependents you claimed? \_\_\_\_\_

Did your parent or guardian file income taxes for the previous tax year? ☐ Yes ☐ No

Did your parent or guardian claim you as a dependent?

☐ Yes ☐ No

Total number of dependents that your parent or guardian claimed? \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No If yes: ☐ Full-time ☐ Part-time

If Employed, where: \_\_\_\_\_

**Mary Free Bed Guild**  
**Minority Scholarship Application**  
**2020-2021 Scholarship Program**

Deadline: Postmarked by May 1, 2020

<b>PROJECTED ANNUAL SCHOOL EXPENSES 2020-2021</b>		<b>PROJECTED SOURCES OF INCOME 2020-2021</b>	
Tuition	\$ _____	Parent Contribution	\$ _____
Room/Board or Other Housing Expenses	\$ _____	Grants (specify)	\$ _____
Other Educational Expenses (specify)	\$ _____	Scholarships (specify)	\$ _____
Other Expenses (specify)	\$ _____	Student Employment Income	\$ _____
<b>Total Projected Expenses</b>	<b>\$ _____</b>	<b>Total Projected Contribution</b>	<b>\$ _____</b>

How did you hear about the Mary Free Bed Scholarship Program?

☐ Friend ☐ School Fair ☐ Faculty ☐ Website ☐ Parent

☐ Other (please specify) \_\_\_\_\_

**ACADEMIC INFORMATION**

Are you currently enrolled or accepted into a nursing, physical therapy, occupational therapy, speech language pathology, therapeutic recreation, neuropsychology or orthotics/prosthetics program at an accredited college or university in the upcoming academic year? ☐ Yes ☐ No

Expected Graduation Date from Program \_\_\_\_/\_\_\_\_/\_\_\_\_

List all high schools, colleges and universities attended, including current:

Name of School	Location	Dates Attended	Degree Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School to which you would apply a MFB scholarship \_\_\_\_\_

**AGREEMENT & TERMS OF MARY FREE BED SCHOLARSHIP APPLICANTS**

I understand that the Mary Free Bed Scholarship Committee may request additional information, including a personal interview, to make a decision on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award. If I am selected for this scholarship, I agree to provide a copy of my official transcript (grades) at the end of each semester.

I understand that scholarship funds may only be applied to offset financial obligations that I have incurred or reasonably expect to incur for tuition, room and board during the academic year. I further understand that if I receive a scholarship and accept the award, a check for my tuition, room and board will be paid directly to the college or university. I further understand that I am responsible for any tax liability incurred because of this award.

I certify that the statements that I have provided on this application are true and correct and are given for obtaining a Mary Free Bed scholarship. I authorize Mary Free Bed to verify the statements contained herein and I understand that all personal information contained on this application will be held in confidence by the Scholarship Selection Committee.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions or additional information please contact Human Resources at [mfb scholarship@maryfreebed.com](mailto:mfb scholarship@maryfreebed.com)