



Community Memorial Hospital

The Community Memorial Hospital Auxiliary is now accepting applications for the Tree of Love - Elizabeth T. Moseley Scholarship Fund. The Scholarship is funded by donations made to the "Tree of Love" in memory of, in honor of, or a military salute to a loved one. Two \$500 scholarships will be awarded per semester: Fall/Winter & Spring/Summer.

Scholarship awards are subjected to availability of funds.

Applicants must meet the following criteria to be eligible for the scholarship:

- 1. Must be employed (full or part-time) by VCU Health Community Memorial Hospital (any staff, not limited to clinical) for a minimum of one year. The degree or certification pursued must enhance the employee's capabilities in a position at the hospital.**
- 2. Must have a letter of recommendation from your department director**
- 3. Must have a grade point average of 3.00 or above.**
- 4. Must write a minimal (100) word essay stating how receiving this scholarship will enhance your life. (Attach to application)**

Fall/Winter applications must be submitted by July 15th. Spring/Summer applications must be submitted by November 15th.

Name _____
Last First Middle initial

Home Address _____

Home Phone _____ Cell Phone _____ SSN _____

Email address _____ Date of birth _____

Do you work at CMH? Yes No **What Department?** _____ Phone _____

School attending _____

Program of study _____

Academic semester currently enrolled _____

Academic semester applying for scholarship _____ Cumulative GPA _____

All information on this application is true and complete to the best of my knowledge. If I am asked, I agree to give proof that my information is correct. I also authorize the release of financial aid, program and grade information to the Community Memorial Hospital Auxiliary. I understand that scholarship money awarded by the CMH Auxiliary is to be used toward cost of certification, cost of professional certification, tuition, fees, books, supplies and/or equipment required for courses only. The check will be issued in the name of the recipient and that of the school to insure proper credit and will need to be endorsed by both.

Signature Date

Return this application to: CMH Auxiliary Scholarship Committee, P.O. Box 90, South Hill, VA 23970

DO NOT WRITE BELOW THIS LINE

Program _____ Cum. Hours _____ GPA _____

Budget _____ Other Financial Aid _____ Need _____