

Mullins Scholarship Application

All applicants are required to read and agree to the terms below as a condition of applying for, receiving, and retaining a Mullins Scholarship award.

PART I – SCHOLARSHIP SPECIFICATIONS

1. Purpose

The Mullins Scholarship is intended to support students pursuing education in nursing. The scholarship seeks to encourage professional development, academic achievement, and service commitment within the healthcare field.

2. Eligibility

To be eligible, an applicant must:

- Be accepted into or enrolled as a full-time student in an accredited educational program related to nursing;
- Maintain satisfactory academic progress (a minimum 'C' average for school year);
- Demonstrate financial need;
- Submit a complete application by the published deadline;
- And provide transcript of annual academic record.
- Applicants that are awarded a scholarship must sign a 2-year commitment and full agreement of terms.

3. Award Structure

Scholarship award amounts and the number of recipients shall be determined annually by the scholarship administrator or designated committee. Awards are typically granted for one academic year. Renewal or additional-year awards, if offered, require a new application and are not guaranteed.

4. Repayment and Default

Failure to meet academic, conduct, or service expectations will result in partial or full repayment of scholarship funds with interest. Repayment terms shall be determined based on the circumstances of default and communicated in writing to the recipient.

5. Modification or Termination

The Mullins Scholarship program may be modified, suspended, or discontinued at any time and applicants will be notified if it affects their eligibility.

PART II – SCHOLARSHIP APPLICATION

Applicant Information

Full Legal Name (print): _____

Program: _____ College Name/Town: _____

Anticipated Graduation from College: ____ (year) Current GPA (college/high school): ____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Attachments Required:

- **Financial Need Statement**
- **Transcript**
- **Letter of Interest**

Submit To:

**Memorial Hospital
Attn: Scholarship Committee
1900 State Street
Chester, IL 62233**

Applicant Certification

I certify that the information provided in this application is true and complete. I understand that false or misleading information may result in disqualification or repayment obligations.

Student Applicant Signature: _____ Date: _____

Additional Information: Students can apply from April 15th to June 1st annually. Late applications will be accepted if all awards are not claimed.