



1001 GAUSE BOULEVARD | SLIDELL, LA 70458-2987 | (985) 280-2200  
SlidellMemorial.org

## Scholarship 2023/2024 Academic Year

One Thousand Dollar (\$1,000) Scholarships will be awarded.

### SMH Scholarship Criteria:

- A resident of St. Tammany Parish (student and/or parents/guardians) residing in Wards 6, 7, 8 or 9.
- Enrolled in a **medical** program at an accredited university/college.
- Student must be fifty percent (50%) through their curriculum; one (1) year completed of a two (2) year program). two (2) years completed of a four (4) year program, or two and one half (2½) years of a five (5) year program
- Student must have a GPA (grade point average) of **2.5** or better.
- Student must have at least one thousand dollars (\$1,000) in unmet needs to be verified by financial aid officer.

### Weighted consideration will apply to the following:

- Sons or daughters of SMH Employees
- Military Veterans.

### Application Process:

- Complete the student section of the application.
- Deliver to the Financial Aid Officer to verify information.
- Application must be mailed to:  
Scholarship Committee  
Slidell Memorial Hospital  
1001 Gause Blvd., **Box #16**  
Slidell, LA 70458-2987  
**Attention:** Bonnie Rivet

**Hand Delivered Applications will not be accepted.**

- **Deadline: Postmarked by June 30, 2023** **(NO EXCEPTIONS)**

For additional information and/or questions, please contact Bonnie in the Slidell Memorial Volunteer Services Department at (985) 280-8531.



**Scholarship Application  
2023/2024 Academic Year**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Accounting Office Number: \_\_\_\_\_

Federal ID# \_\_\_\_\_

Program of Study: \_\_\_\_\_ GPA: \_\_\_\_\_

Check any that apply and submit requested documentation:

- ☐ Student and/or parents reside in St. Tammany Parish Wards 6, 7, 8 or 9. Please provide a copy of a utility bill or drivers' license as verification.
- ☐ Participated in SMH's summer Junior Volunteer Program. No additional documentation necessary.
- ☐ Veteran – Proof of Service.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date





**To Be Completed by the Financial Aid Officer:**

Students Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Student must be 50% through their studies in a MEDICAL field.**

Student is enrolled in \_\_\_\_\_ program.

Please confirm that the student has completed \_\_\_\_\_ percentage of their program:

- ☐ 1 year through a 2-year program
- ☐ 2 years through a 4-year program
- ☐ 2 ½ years through a 5-year program
- ☐ Other (Please explain): \_\_\_\_\_

Current GPA: \_\_\_\_\_

Department Head Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Please confirm that this student has at least \$1,000 in unmet financial needs. Ability to obtain student loans should not be taken into consideration. We are only concerned with grants and/or scholarships that students do not have to repay. Therefore, after crediting student with any grants or scholarship that they might earn, are there any unmet financial needs that either the parents and/or student via students' loans must incur?

- ☐ Yes
- ☐ No

For additional information and/or questions, please contact Bonnie in the Slidell Memorial Volunteer Services Department at (985) 280-8531.

Financial Aid Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Federal I.D. \_\_\_\_\_