

SYBIL B. HARRINGTON SCHOLARSHIP

SCHOLARSHIP DIRECTIONS/INFORMATION

2019-2020

APPLICATION CHECKLIST:

- Applications must be submitted in a **FOLDER WITH POCKETS ON EACH SIDE** (no exceptions)
- Application must be completed only on the SYBIL B. HARRINGTON SCHOLARSHIP form
- Application must be for a University, College, or Technical/Vocational School in **Maricopa County**
- The application form **may NOT be reconstructed in any form**
- The application may be duplicated only by a copy machine
- A complete application is either typed or printed legibly in black ink, including student college ID
- A typed personal statement is to be presented on a separate sheet of paper. The paper is to include your education goals, ambitions and description of the value of this scholarship to you
- **Request YOUR SCHOOL**, to submit a current **OFFICIAL** transcript of your grades at the conclusion of each semester. If your grades are granted on any schedule other than by semester, **OFFICIAL** grades must be submitted at the conclusion of each grading period.
- Request two current personal letters of recommendations by current teachers, employers or other professionals. **Letters are to be signed, sealed, and mailed to the scholarship committee.** Please request all recommending parties to describe their relationship to you.
- **PLEASE VERIFY ALL OF THE REQUIRED DOCUMENTS HAVE BEEN SUBMITTED. THE COMMITTEE WILL NOT REVIEW YOUR APPLICATION IF ANY OF YOUR PAPERWORK HAS NOT BEEN SUBMITTED AS REQUIRED.**

Request a letter of verification from the school of your choice showing you have been accepted into a healthcare field of study. (If this is your first semester of college, a prerequisite class schedule received from your school may be submitted as verification document.) You must submit a copy of classes to be taken plus the number of credit hours for each class on your schedule for Fall 2019.

Application and letters of recommendation must be **postmarked** no later than:
FRIDAY, FEBRUARY 15, 2019

Semifinalist will be contacted by phone for a personal interview. Please make sure all contact information is up to date to avoid disqualification.

INCOMPLETE APPLICATIONS WILL RESULT IN AUTOMATIC DISQUALIFICATION

NOTE: APPLICANTS SHOULD BE AWARE OF THE TAX OBLIGATIONS AS A RECIPIENT OF A SCHOLARSHIP

Information is available by calling **St. Luke's Service League Office 602-251-8279**

(DO NOT CALL ST. LUKE'S MEDICAL CENTER)

STEWARDS VOLUNTEERS, EMPLOYEES
AND THEIR FAMILIES ARE ENCOURAGED TO APPLY

****SAVE THIS INFORMATION SHEET FOR YOUR RECORDS****

SYBIL B. HARRINGTON SCHOLARSHIP

ST. LUKE'S SERVICE LEAGUE

NOW AVAILABLE FOR 2019-2020

The 2019-2020 Sybil B. Harrington Scholarship is being offered by the Phoenix St. Luke's Service League. This scholarship is made by an endowment from Sybil B. Harrington Living Trust. The scholarship is **available only to American Citizens** and residents living in **Maricopa County** pursuing an education in a healthcare-related field. The applicant must be accepted to an accredited University, Community College, or Technical/Vocational School in **Maricopa County** and complete 12 credit hours (or 9 graduate credit hours) of study. The scholarship is awarded as a gift, to be used **ONLY** for school expenses (tuition, books, lab fees; purchased through school facilities) The scholarship is available for **ONE YEAR** provided the student maintains a Grade Point Average (GPA) of 3.0 or above for the Fall and Spring semester. Documentations of the GPA and continuous enrollment must be validated prior to the issuing of scholarship monies each semester. No monies will be released without proper documentation. Previous scholarship recipients may re-apply for this scholarship as long as they meet the requirements. All documentations **MUST** include School of Acceptance ID Number.

In addition to the residency requirements and the 3.0 GPA, other considerations to the granting of this scholarship will be volunteerism, extra-curricular activities, and a written statement of academic goals. Failure to complete the financial statement will result in disqualification of the applicant.

DOES THE APPLICANT MEET THE FOLLOWING CRITERIA?

The applicant is:

- An **American Citizen** and a resident of **Maricopa County**
- Pursuing and completing at least 12 credit hours each semester (or 9 credit hours as a graduate student) in a healthcare-related career
- Planning to attend or is attending an accredited College, University, or Technical/Vocational School in **Maricopa County**
- Has a current GPA of 3.0 or above

Applications must be **POST MARKED** by Friday, February 15, 2019 for the school year 2019-2020. Semifinalist will be contacted by phone for a personal interview with the Scholarship Committee. All finalist must be able to attend the Spring luncheon on May 2, 2019 from 11:00 a.m. to 1:00 p.m.

Mail completed applications in the required 2 pocket folder to:

Phoenix St. Luke's Service League
Sybil B. Harrington Scholarship Committee
P.O. Box 21447
Phoenix, Arizona 85036

Information is available by calling the St. Luke's Service League Office 602-251-8279

(DO NOT CALL ST. LUKE'S MEDICAL CENTER)

OR

See your school Guidance Counselor or Financial Aid Officer

DO NOT MAIL APPLICATIONS TO HOSPITAL