

***St. Joseph's Community Foundation & The Medical Alliance  
Educational Grant Application***

***NOTE TO GRANT APPLICANTS:***

- Please read the following enclosed criteria and application in its entirety.
- Please complete each question on the application, and enclose any required attachments. (***Incomplete applications will not be considered.***)
- Once you have turned in your completed application, you will be contacted about an interview time.
- Applications may be returned to the **Paris Junior College Health Occupations Office** OR applications may be **mailed** to:

St. Joseph's Community Foundation  
Attention: Louisa Kessel  
PO Box 6427  
Paris, TX 75461

**Contact the St. Joseph's Community Foundation with any questions or concerns.**

**Louisa L. Kessel, Executive Director**  
P.O. Box 6427  
Paris, TX 75461  
Tel 903.784.5136  
Email [sjcfparis@gmail.com](mailto:sjcfparis@gmail.com)

The mission of the Foundation is to perpetuate the mission of the Sisters of Charity of the Incarnate Word and their 92-year tradition of improving the availability and effectiveness of ***medical care*** in the Red River Valley with a special emphasis on persons who are underserved or in financial need.

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**FIELD OF STUDY REQUIREMENTS:**

**Educational Grant Applications are open to any person pursuing a degree in Nursing or Other Allied Healthcare Related Fields. Following are potential career opportunities that will be supported (*list is not inclusive of all career options*):**

Audiologist, Certified Coder, Certified Nurse Aide, Certified Physical Therapy Assistant, Dental Hygienist, Dietician/Nutritionist, Emergency Medical Technician, Licensed Vocational Nurse, Medical Laboratory Technologist, Medical Transcriptionist, Nuclear Medicine Technician, Nurse Practitioner, Nursing Instructor, Occupational Therapist, Paramedic, Pharmacist, Pharmacy Technician, Physical Therapist, Physician Assistant, Radiology Technician, Recreational Therapist, Registered Nurse, Respiratory Therapist, Stenography/Ultrasound Technician and Surgical Technician

**ELIGIBILITY REQUIREMENTS:**

1. Preference for Nursing or Other Allied Healthcare Educational Grants will be given to **Lamar County, Texas, Residents**.
2. Applicants must be pursuing a career in nursing or Other Allied Healthcare Field (see above list for examples) and ***must already be accepted*** into an accredited program of study.
3. Recipients must be willing, if requested, to be employed "full-time" by Paris Regional Medical Center (PRMC) or by another St. Joseph's Community Foundation (SJCF) approved facility (*list of approved facilities available in Foundation Office*) upon graduation for a period of twelve continuous months. Every effort will be made to accommodate employment preferences.
4. Applicants must meet hospital/facility employment criteria including a criminal background check.
5. Applicants are required to complete the Free Application for Federal Student Aid (FAFSA) to determine financial need or furnish documentation related to eligibility for financial need.
6. Educational Grants are payable directly to the educational institution or to the individual after a receipt of incurred costs is provided.

**POLICY & PROCEDURES FOR REVIEW OF GRANT APPLICATIONS:**

1. Applications for Educational Grants must be submitted to the St. Joseph’s Community Foundation, in order to be considered for funding.
2. Educational Grants are not automatically renewed; applicants must reapply each year.
3. The Selection Committee shall review all applications and those students selected will participate in an interview process.
4. Information on applications will be kept strictly confidential.
5. Applicants will be notified of awards in writing.
6. Upon notification of awards, applicants will be required to sign a Conditional Grant Agreement which states they are willing, if requested, to be employed “full-time” by Paris Regional Medical Center (PRMC) or by another St. Joseph’s Community Foundation (SJCF) approved facility upon graduation for a period of twelve continuous months. A copy of the Conditional Grant Agreement will be kept on file in the Foundation Office.

***I understand and agree to the above requirements for the awarding of this grant.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Contact the St. Joseph’s Community Foundation with any questions or concerns.**

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**COMMON APPLICATION**

**PLEASE PRINT OR TYPE ALL RESPONSES – DO NOT LEAVE BLANKS:**

1. Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

2. Address: \_\_\_\_\_  
(Number) (Street) (City, State) (Zip)

3. Phone # (H) Day: \_\_\_\_\_ Eve: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(C): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

4. Alternate Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street) (City, State) (Zip)

Phone #: \_\_\_\_\_

5. How long have you lived in Lamar County? \_\_\_\_\_

If less than one year, please list previous County of Residence: \_\_\_\_\_

6. Do you live with your parents? Yes \_\_\_\_\_ No \_\_\_\_\_

7. If Yes, Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

If you **DO NOT** live with your parents, are you:

Married? Yes \_\_\_\_\_ No \_\_\_\_\_ Single? Yes \_\_\_\_\_ No \_\_\_\_\_

Children? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages? \_\_\_\_\_

8. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

How Many Years? \_\_\_\_\_ Full or Part-Time? \_\_\_\_\_

9. Is your spouse currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

How Many Years? \_\_\_\_\_ Full or Part-Time? \_\_\_\_\_

### **FINANCIAL NEED INFORMATION:**

All applicants are required to complete the Free Application for Federal Student Aid (FAFSA). **Please submit the first page of your student aid report (SAR) with your application.** Applications are available at the PJC Financial Aid Office and online at: [www.fafsa.ed.gov](http://www.fafsa.ed.gov). **Applicants are strongly encouraged to complete the electronic application. Please be sure to list PJC as one of the schools that will receive your information under step six and sign the attached consent form so we may obtain your Expected Family Contribution (EFC).** The school code for PJC is: 003601 (NOTE: If you have already completed 90 credit hours of college work, and are ineligible for a Pell grant, it is not necessary to complete the FAFSA. A letter from the financial aid office verifying your ineligibility for financial aid will suffice.)

10. Date FAFSA Completed: \_\_\_\_\_ EFC: \_\_\_\_\_

11. Are you eligible for a Pell Grant for the semester(s) in which you are applying for a Foundation

Grant? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Amount of Pell Grant Per Semester: Amt. \$: \_\_\_\_\_ Semester(s): \_\_\_\_\_

If employed, have you contacted the human resource department concerning eligibility for tuition reimbursement? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Explain \_\_\_\_\_

12. Have you applied for any other scholarships or loans? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, organization awarding scholarship/loan: \_\_\_\_\_

Dollar Amount Per Semester: Amt. \$: \_\_\_\_\_ Semester(s): \_\_\_\_\_

13. Are you eligible for tuition reimbursement through your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, check all expenses covered: \_\_\_\_\_ Tuition \_\_\_\_\_ Books \_\_\_\_\_ Fees

14. Please list any other sources of funding you receive along with the amount per year:

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15. Do you pay child support? If Yes, Yearly Amount: \$ \_\_\_\_\_

16. Do you receive child support? If Yes, Yearly Amount: \$ \_\_\_\_\_

17. Are you paying college expenses for a child or spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, cost of tuition, books, & fees/Year: \$ \_\_\_\_\_

18. Previous Education: *(Please provide a copy of your most recent HS or College Transcript)*

High School: \_\_\_\_\_

Graduated/Year: \_\_\_\_\_ or G.E.D./Year \_\_\_\_\_ G.P.A. \_\_\_\_\_

College(s): \_\_\_\_\_

Degree: Yes \_\_\_\_\_ No \_\_\_\_\_ Year: \_\_\_\_\_ Total Credit Hours: \_\_\_\_\_ G.P.A. \_\_\_\_\_

19. Are you currently an LVN or RN? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes: LVN \_\_\_\_\_ RN \_\_\_\_\_

20. Have you been accepted into a Nursing or Health-Related Program? Yes \_\_\_\_\_ No \_\_\_\_\_

*(Please provide copy of acceptance letter with this application)*

If Yes, Name of Program: \_\_\_\_\_

21. Are you currently enrolled in a Nursing or Health-Related Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, What Program? \_\_\_\_\_ What School? \_\_\_\_\_

Full or Part-Time? \_\_\_\_\_ List Current Semester Enrolled: \_\_\_\_\_

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

22. Projected Graduation Date: \_\_\_\_\_

23. Describe why you should be awarded this Educational Grant. Include work plans following graduation and list future goals.

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24. Please list any High School/College Activities:

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25. Please list any Extracurricular Activities:

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26. Please list any Honors/Awards/Achievements:

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*The above answers are true and accurate, to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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**CONSENT FOR AUTHORIZATION:**

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Consent for Authorization to Release EFC Number

*I authorize Paris Junior College, Northeast Texas Community College, Kiamichi Tech Center, or the educational institution in which I am/will be enrolled to release my Expected Family Contribution (EFC) index from my Free Application for Federal Student Aid (FAFSA) to the St. Joseph's Community Foundation scholarship committee for consideration of scholarship awards. I understand that this information is confidential and will only be used for this purpose.*

Signed: \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Signature of Parent *if Necessary*)

Date: \_\_\_\_\_