

## Dr. Donna Neal Thomas Scholarship

### Application Guidelines

A scholarship has been provided by the Mary Mahoney Memorial Health Center. Please do not contact the sponsoring agency directly, as all processes and awards are administered by Metro Technology Centers Foundation, Inc.

### Procedure

1. The scholarship is available to either a high school senior or adult student who are **SCHEDULED TO COMPLETE a health occupations/health science education career major in current school year.**
2. All scholarship materials must be mailed together in one envelope. This includes letter of reference, transcript, etc. **DO NOT STAPLE OR USE PAPER CLIPS. Incomplete applications will not be considered.**
3. All applications must be typed, word-processed, or written in legible handwriting. All applications must be complete for acceptance and review by the Metro Technology Centers Foundation, Inc.
4. All applications are to be submitted by the student applicant and mailed directly to:

**METRO TECH FOUNDATION**  
**Springlake Campus, Economic Development Center**  
**1700 Springlake Drive, Oklahoma City, OK 73111**  
**Phone: (405)595-4415**

5. Completed application packets are **due to THE FOUNDATION OFFICE no later than 4:30 PM, THURSDAY, MARCH 29, 2018** for consideration. **Late or incomplete applications will not be considered.**
6. The Metro Tech Foundation's Grants Committee will make the final decision on scholarship awards. Scholarship recipients will be notified by April 7, 2018.
7. **A check for the monetary scholarship will be presented to the student at the Metro Tech Foundation Spring Luncheon at 11:30 – 1:00pm on Wednesday, April 25, 2018.**
8. One \$1,000.00 scholarship will be awarded.



# Dr. Donna Neal Thomas Scholarship

## Application Form - **PRINT IN INK**

CHECK ONE:  High school student or  Adult student

NAME:  CTSO DIVISION:

NAME OF CAREER MAJOR ENROLLED:

EXPECTED DATE OF COMPLETION:  MONTH  DAY YEAR

HOME ADDRESS:  CITY  STATE  ZIP

HOME/CELL PHONE:  E-MAIL:

HIGH SCHOOL NAME:

HIGH SCHOOL ADDRESS:  CITY  STATE  ZIP

INSTRUCTOR NAME:

DEFINE YOUR CAREER OBJECTIVE (Be specific as to health care area – nurse, doctor, physical therapist, etc.)

1. Are you currently enrolled in a health occupations / health science education career major? (Required)  
YES  NO
2. Have you been accepted to a postsecondary or collegiate program to pursue your education as of this submission? YES  NO ; If YES, provide institution name
3. Please check if you belong to any of the following school organizations:  
 NATIONAL TECHNICAL HONOR SOCIETY  NATIONAL HONOR ROLL
4. Scholarship application packet must include the following for consideration:

<input type="checkbox"/> CURRENT METRO TECH PLAN OF STUDY	<input type="checkbox"/> REFERENCE FORM IN SEALED ENVELOPE
<input type="checkbox"/> CURRENT RESUME THAT INCLUDES:	<input type="checkbox"/> APPLICANT PERSONAL STATEMENT FORM

- Employment History
- Educational Activities and Recognition- Activities including: School organization memberships, office held, awards and honors, CTSO activities and leadership involvement.
- Certifications completed as a student at Metro Technology Centers that are applicable to your chosen profession.
- Community involvement and service activities, volunteer experiences, etc.

I confirm that the data on this application is accurate.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

If I am awarded a scholarship, Metro Tech and/or the Foundation may use photos/videos taken of me in press releases or marketing purposes

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date





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## Dr. Donna Neal Thomas Scholarship

Application – Request for Reference Form  
(To be completed by Employer, Clergy or Instructor)

**PLEASE RETURN THIS CONFIDENTIAL RECOMMENDATION TO THE APPLICANT IN A SEALED ENVELOPE PRIOR TO MARCH 29, 2018. THE APPLICANT MUST THEN SUBMIT IT TO METRO TECH FOUNDATION BY THE DUE DATE TO BE CONSIDERED. A SEPARATE LETTER IS NOT REQUIRED.**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

EMPLOYER or CLERGY or INSTRUCTOR CONFIDENTIAL REFERENCE:

Please complete the following reference form based upon your association with the applicant listed above. **Please complete all information requested below or the reference cannot be considered.** This reference will be considered confidential and will be kept secured. Please check the box which best describes the individual for each of the dimensions.

Dimension	Outstanding	Above Average	Average
Scholarship			
Leadership Abilities			
Interpersonal Skills			
Integrity			
Health Profession Potential			

Please explain in what capacity you have been associated with the applicant and for what length of time. Any comment that you feel are pertinent to the potential success of the applicant in his/her program at Metro Technology Centers is appreciated.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference Information: (Please Print)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer  Former Employer  Instructor  Clergy

Organization / Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Total: \_\_\_\_\_

Dr. Donna Neal Thomas Scholarship Reference



## Dr. Donna Neal Thomas Scholarship

### Application Rating Sheet

(75 point minimum to be considered)

*This form provided for applicant information only.*

**1. CURRENT METRO TECH “PLAN OF STUDY”:** 20 points maximum

- |  |           |  |
|--|-----------|--|
| • Grades and Progress  | 15 points |  |
| • Courses Taken (Emphasis on challenging courses, health science and science.) | 5 points  |  |

**2. CURRENT RESUME:** 35 points maximum

*Because each student is unique, their resumes will reflect different areas of talent. The maximum points awarded will be 35, but many students will have more points in this area. We commend that level of commitment to one’s future.*

- |  |           |  |
|--|-----------|--|
| • HOSA Leadership and Activities   | 10 points |  |
| • Quality of educational activities, clear evidence of leadership, responsibility and commitment | 10 points |  |
| • Number and variety of student activities   | 10 points |  |
| • Certifications   | 10 points |  |
| • Recognition and Awards   | 10 points |  |
| • Employment Record  | 10 points |  |
| • Quality, quantity, duration and impact of community service                                    | 10 points |  |

**3. REFERENCE:** 20 points maximum

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**4. PERSONAL STATEMENT:** 25 points maximum

*Statement is evaluated as follows:*

- |  |          |  |
|--|----------|--|
| • Why have you chosen to pursue this career  | 6 points |  |
| • Describe your career plan and the steps you will take to accomplish this plan                                | 6 points |  |
| • Statement of financial need- what the scholarship will enable you to do and why the scholarship is important | 6 points |  |
| • Grammar, spelling, sentence structure, and essay length  | 6 points |  |

**TOTAL POINTS**

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Comments:

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## IS YOUR APPLICATION COMPLETE?

### CHECK LIST

Please take the time to ensure you have completed your application by filling in ALL blanks and including all required documents. Use the list below to double check that your application packet is complete before submitting. If you forget to include anything, you will not be able to submit it later:

- Have you completed your application in ink?
- Have you completed ALL sections? (Incomplete applications will not be considered.)
- Have you included ALL documents required? (Missing documents will render your application incomplete.)
  - Reference letter
  - Current Metro Tech "Plan of Study"
  - Current Resume (if required)
  - Personal statement
- Have you signed your application and personal statement?
- Has your instructor (employer, clergy, etc.) signed your application and reference statement/letter?
- Are you submitting your application packet by or before the due date?

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***Incomplete applications will not be considered. (Blank lines, missing documents or signatures will render your application incomplete.) Late applications will not be accepted.***