



JIM SPRUIELL MEMORIAL SCHOLARSHIP

Name: _____ Telephone: _____

Address: _____ State: _____ Zip: _____

Email Address: _____

High School Attended: _____ Graduation Year: _____

Last Degree Earned: _____ Graduation Date: _____ School Attended: _____

Health Care Career Pursuing: _____ School Attending: _____

Letter of Acceptance or Good Standing: Yes No

Anticipated Completion Date: _____

Specify any work experience in a hospital, clinic or a medical facility:

Extracurricular Activities (School or Community) (Please list dates and briefly describe activity)

Please submit the following with this application:

- ✓ 350-word essay, typed and double spaced, stating your reason for pursuing a career in emergency health care and how you have prepared yourself to be successful in that career. Describe your character to include: strengths, weaknesses, achievements, recognition, work ethic, teamwork, etc. Include your skills, talents and gifts.
- ✓ Three sealed letters of recommendation from high school or college instructors, employers, clergy or community members.
- ✓ Copy of your high school and college transcript (3.0 GPA or above)

Return completed packet to Cora Polson at capolson@nmhs.net or to the following address:

NMHS Education Department
830 South Gloster St.
Tupelo, MS 38801

Eligible applicants must reside or work in the counties served by NMHS. Applications will not be accepted after deadline date of **March 31**.