



**SCHOLARSHIP**  
**2024/2025 Academic Year**

One Thousand Dollar (\$1000) scholarships will be awarded

SMH/Ochsner 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 a half (2.5) years completed 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 (\$1000) in unmet needs, which will need to be verified by financial aid officer.

Weighted considerations will apply to the following:

- Children of SMH/Ochsner 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: Hand delivered application will not be accepted.**  
Scholarship Committee  
Slidell Memorial Hospital East  
ATTN: Kristi Suprean  
100 Medical Center Drive  
Slidell, LA 70461
- **Deadline: Packet must be postmarked by June 29, 2024 (NO EXCEPTIONS)**

For additional information and/or questions, please contact Kristi Suprean in the Volunteer Services Department at (985) 646-5021.



**SCHOLARSHIP APPLICATION**  
**2024/2025 Academic Year**

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENTS/GUARDIANS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COLLEGE/UNIVERSITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ACCOUNTING OFFICE NUMBER: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_

PROGRAM OF STUDENT: \_\_\_\_\_ 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 driver's license as verification.
- Participated in SMH's summer Jr. Volunteer Program. No additional documentation necessary.
- Veteran – Proof of service.

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

\_\_\_\_\_  
Date



**TO BE COMPLETED BY FINANCIAL AID OFFICER:**

STUDENTS NAME (please print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Student must be fifty percent (50%) through their studies in a MEDICAL FIELD.

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

Please confirm that the student has completed \_\_\_\_\_% 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 Number: \_\_\_\_\_

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

Please confirm that this student has at least one-thousand dollars (\$1000) in unmet financial needs. Ability 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 scholarships that they might earn, are there any unmet financial needs that either the parents and/or the student, via student's loans, must incur?

YES

NO

For additional information and/or questions, please contact Kristi in the Volunteer Services Department at (985) 646-5021.

Financial Aid Officers Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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