



**SCHOLARSHIP
2026-2027 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/electronic applications 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 12, 2026 (NO EXCEPTIONS)**

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



SCHOLARSHIP APPLICATION
2026-2027 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 ACADEMIC DEPT HEAD:

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: _____

TO BE COMPLETED BY FINANCIAL AID OFFICER:

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 kristi.suprean@ochsner.org or (985) 646-5021.

Financial Aid Officers Name: _____ Phone Number: _____

Financial Aid Officer's Signature: _____ Date: _____

Federal ID #: _____