



The H.E.A.R.T. of Mississippi

(Health Education Advancement, Research, and Training)

Scholarship Application

Revised March 2015

Instructions

To apply for a scholarship with The H.E.A.R.T. of Mississippi (herein after referred to as “H.E.A.R.T.”), the six (6) pages following these instructions must be filled out COMPLETELY. If you are applying for a scholarship for college, you must first complete and submit a Free Application for Federal Student Aid (FAFSA). These forms are available at your counselor’s office or the Financial Aid office of the college you will be attending or on-line at www.fafsa.ed.gov. If you are applying for a scholarship to a vocational institution, obtain a FAFSA form and complete and submit as part of your application. A FAFSA form must be included with your application even if the school does not accept Federal Aid. This form is **required** for H.E.A.R.T.’s records.

The purpose of scholarships given by H.E.A.R.T. is for individuals seeking education and training that will improve the health, health education, health research, health care system, and health care professions in Mississippi. It will require effort from the applicant to apply, maintain, and follow through with the requirements of this scholarship (included in this form).

It is the policy of H.E.A.R.T., in general, that awards made to individuals will be paid directly to the educational institutions in the name of the scholarship recipient. For example, H.E.A.R.T. will pay directly to the college or vocational school the tuition upon receipt of an invoice. Costs for books will be reimbursed directly to the individual upon submittal of proof of book requirement for plan of study AND proof of purchase for those books.

If an award is granted, you must make arrangements with your school that H.E.A.R.T. is, at least quarterly, given reports of attendance and progress in achieving your plan of study goals. If the school does not automatically send quarterly grade reports, **YOU must send H.E.A.R.T. a copy of the official semester or quarterly grade report(s).**



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Procedure

Each applicant must complete the following steps in order to be considered for The H.E.A.R.T. of Mississippi Scholarship:

1. The H.E.A.R.T. of Mississippi Scholarship Application: This has been included in this information packet.
2. Free Application for Federal Student Aid (FAFSA): This is available through state and community colleges or on-line at www.fafsa.ed.gov. It provides H.E.A.R.T. Scholarship Board with the financial information necessary to determine the level of *need* for each applicant. Include a completed copy of your FAFSA with your application.

It is strongly recommended that you submit the FAFSA to the College Scholarship Service (their address is on the form) for assessment. Request that they forward a summary to the school you wish to attend – there is a small fee for this service. H.E.A.R.T. urges this so that scholarship funds already available and for which you may be eligible can be utilized before using H.E.A.R.T.'s limited resources. We request a copy of your FAFSA form because the FSAP will NOT forward a copy to H.E.A.R.T. (we are not part of their network).

3. Latest Federal Income Tax Return: If you have never filed a return, you will not be able to provide one (please note on your application that you did not file a return). Otherwise, include a copy with your application. If you were claimed as a dependent on another person's return, include a copy of their return.
4. Attach a copy of your latest official progress report or transcript showing your cumulative GPA.
5. Attach an official transcript or other official document with proof of your highest cumulative **ACT** score.
6. Two letters of reference: Have two separate individuals that are NOT related to you, have known you for at least 5 years, and are current residents of Mississippi complete an Applicant Scholarship Reference Form and mail to: The H.E.A.R.T. of Mississippi, P.O. Box 1121 Grenada, MS 38902.
7. Include a one page, single-spaced summary of how this scholarship will assist you in completing your plan of study and how it will further the purpose of this organization. (This will require a little research).
8. The H.E.A.R.T. of Mississippi Scholarship Board meets twice a year (December and June). Applications completed after the deadline will be considered in the next meeting. Each application will remain on file for twelve (12) months. Deadlines for consideration are no later than November 30th and May 31st of each year.

Special Sponsor Scholarships: Executive Director will present to Board for approval as needed for event.

Eligibility

1. Current citizen of the United States.
2. Current resident of Mississippi for a minimum of 12 consecutive months.
3. High school graduate or GED (General Education Diploma) recipient.
4. Completion and submission (if applicable) of the FAFSA Application.
5. Applying to an accredited vocational school, college, or university in the state of Mississippi.
6. Cumulative GPA of 3.0 or higher.
7. No record of expulsion from any school.
8. No criminal record of felony convictions.
9. Minimum of 17 years of age



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In addition to meeting eligibility requirements, the H.E.A.R.T. Board will consider each applicant's information and determine scholarships based on the greater need for financial assistance after reviewing the information provided in each. Using an established grading system, additional points will be given if the applicant:

- Is a child or spouse of a U.S. Veteran
- Is a child or spouse of a disabled U.S. Veteran
- Whose household qualifies as low-income by HUD definitions (www.huduser.org/portal/datasets/il.html)
- Has a cumulative **GPA** greater than 3.5
- Has a cumulative **ACT** score greater than 21

Requirements for recipients of scholarships:

1. Maintain residence in the state of Mississippi during the course of study.
2. Maintain at least half-time enrollment (6 hour minimum) for each semester.
3. Must complete a minimum of 12 semester hours per year.
4. Must maintain a minimum GPA of 3.0 during each semester.
5. Must reapply for FAFSA yearly by March 1, submit a copy to H.E.A.R.T., and demonstrate financial need.
6. Must provide official progress reports for verification of hourly enrollment and GPA.
7. Must agree to represent H.E.A.R.T. professionally and academically during and after completion of his or her course of study. The time required to fulfill this obligation is for a minimum of twelve (12) hours over a twelve (12) month period immediately following completion of his or her course of study. (i.e. volunteering for The H.E.A.R.T. of Mississippi events, wearing insignia or patch, or promoting the organization through publicity events).

Failure to Maintain Eligibility and Requirements

Future disbursements will be suspended or terminated and past disbursements will be revoked (when possible) if the recipient fails to comply with and maintain the terms of scholarship eligibility and requirements as agreed to prior to receipt of disbursements.



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(Mail to: The H.E.A.R.T. of Mississippi, P.O. Box 1121 Grenada, MS 32902)

Applicant: _____

Name of person giving referral: _____

Address: _____

Relationship to Applicant: _____

How long have you known Applicant? _____

The H.E.A.R.T. of Mississippi is a non-profit organization whose purpose is Health Education Advancement, Research, and Training in Mississippi. Please describe below the your personal observations of the applicant’s character, work and study ethics, and community involvement and how he or she will further advance the purpose of this organization in Mississippi:

Signature: _____ Date: _____



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Please Type or print clearly and mail to: The H.E.A.R.T. of Mississippi, P.O Box 1121 Grenada, MS 38902

Directors, Board Members, Members of the Scholarship Selection Board or substantial contributors to The H.E.A.R.T of Mississippi Scholarship or their family members are NOT eligible to receive financial aid from this organization.

Part I. Personal Information

| | | | |
|------------------|----------------|------------------------|----------|
| <hr/> | | | |
| Last Name | First Name | Middle Initial | |
| <hr/> | | | |
| Address | City | State | Zip Code |
| <hr/> | | | |
| Email Address | Birth Date | Social Security Number | |
| <hr/> | | | |
| Telephone Number | Marital Status | Number of Dependents | |

Part II. Parent/Guardian Information

| | | |
|----------------------|-------|-----|
| <hr/> | | |
| Father/Guardian Name | | |
| <hr/> | | |
| Address | | |
| <hr/> | | |
| City | State | Zip |
| <hr/> | | |
| Phone Number | | |

| | | |
|----------------------|-------|-----|
| <hr/> | | |
| Mother/Guardian Name | | |
| <hr/> | | |
| Address | | |
| <hr/> | | |
| City | State | Zip |
| <hr/> | | |
| Phone Number | | |



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Part III. Educational Information

List any schools attended and any in which you are currently enrolled:

| School | Location | Dates Attended | Field of Study | Graduation Date | Degree |
|--------|----------|----------------|----------------|-----------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

HAVE YOU EVER RECEIVED A SCHOLARSHIP OR FELLOWSHIP? (Including priors from H.E.A.R.T)

| Source | Amount | School | Dates |
|--------|--------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Note any educational achievements:



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Community Interests: activities in which you participated, held office, etc.

Part IV. Study Plans

What is your proposed field of study? _____

What specific skills do you plan to study? _____

Where do you plan to attend (School and Location)? _____

Are you presently enrolled: Yes _____ No _____

Have you been accepted for enrollment in the above institution? Yes ___ No ___

Approximate period of study: From _____ to _____

Part V. Plans after Completing Plan of Study

How do you expect to use your updated skills or education in your planned career?



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PART VI. Please answer the following questions:

| | | |
|--|-----|----|
| What is your current cumulative GPA? | | |
| What is your highest composite ACT score? | | |
| Have you ever been expelled from any school? | Yes | No |
| Have you completed your FAFSA? | Yes | No |
| Does your household qualify as low-income by HUD definitions? | Yes | No |
| Do you hold a current license, certification, or registration as a health care professional? | Yes | No |
| Do you anticipate moving outside of Mississippi after study completion? | Yes | No |

Part VII. Financial Information (Annual Family Income)

1. Gross Annual Income of:

| Person | Source | Amount |
|---|--------|--------|
| Applicant | | |
| Spouse/Partner | | |
| Other Household Members | | |
| Total Gross Income | | |
| Savings for school | | |
| Loans/Scholarships | | |
| Other benefits (military, family, etc.) | | |
| Total Additional Assistance | | |
| Total of ALL income listed | | |



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Part VIII. Anticipated Plan of Study Expenses

Please list anticipated expenses for your plan of study including books, tuition, supplies, or fees. You may also attach a copy of cost estimates from the school you plan to attend.

| Books | Tuition | Supplies | Fees |
|--|---------|----------|------|
| | | | |
| Additional school related expenses: | | | |

Part IX. References

Have two separate individuals that are NOT related to you, have known you for at least 5 years, and are residents of Mississippi complete an Applicant Scholarship Reference Form and mail to: The H.E.A.R.T. of Mississippi, P.O. Box 1121 Grenada, MS 38902. The **Applicant Scholarship Reference Form** has been included in this document.

The H.E.A.R.T. of Mississippi does not discriminate on the basis of race, color, age, religion, national origin, sexual orientation, gender identity, sex, marital status, disability, or status as a U.S. veteran. Inquiries can be directed to the Executive Director of the organization (662) 229-5463.

Part X. Signed Authorization/Certification of Application Agreement

I understand that if given any award, all applications and supporting information, including publicity, become the property of The H.E.A.R.T of Mississippi, and they shall have discretionary authority in all matters pertaining to these awards.

I understand that this award may be taxable in Mississippi and/or the United States.

I have read, understand, and agree to the eligibility requirements for this scholarship, the responsibilities to retain the scholarship, and the requirements following completion of my course of study. (This information is attached to the application and is available on the organization website: www.theheartofms.org).

I certify that the information in this application and the accompanying attachments are complete and accurate to the best of my knowledge and I will notify The H.E.A.R.T. of Mississippi if there are any changes.



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Part XI.

I hereby certify that ALL information contained in this application, including any attachments, is true and correct to the best of my knowledge.

Signature of Applicant

Date

Printed Name of Applicant

*******ATTACHMENTS REQUIRED*******

1. FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)
2. YOUR LATEST FEDERAL INCOME TAX RETURN
3. YOUR LATEST GRADE REPORT SHOWING YOUR CUMMULATIVE GPA
4. A TRANSCRIPT OR OTHER OFFICIAL REPORT SHOWING YOUR HIGHEST CUMMULATIVE **ACT SCORE.**

**PLEASE NOTE THAT THOSE APPLICATIONS RECEIVED THAT ARE
NOT COMPLETE WILL NOT BE CONSIDERED.**