



ST. FRANCIS FOUNDATION
Bon Secours Health System

Bernadette L. Preslar Scholarship

The St. Francis Foundation is proud to offer financial assistance to individuals entering the health care field.

Applicant criteria:

- ◆ Employees or Employee dependents and Volunteers or Volunteer dependents are eligible to apply. (“Dependents” refers to children and grandchildren.)
- ◆ Strong community service background.
- ◆ Scholastic achievement.

Required Information:

All information must be received in the Foundation office by the stated deadline to be considered as a recipient.

- 1) **Request college and high school official transcripts be sent to:
St. Francis Foundation
RE: Preslar Scholarship
1 St. Francis Drive
Greenville, SC 29601**
- 2) **Proof of Acceptance and/or enrollment into college or university program**
- 3) **Two (2) personal letters of recommendation.**
- 4) **Volunteer/Community Involvement/ School Activities: (2nd page)**
- 5) **Why and how would this scholarship impact the advancement of your healthcare career? (2nd page)**
- 6) **Applications must be completed in full.**

Applications will be accepted until 5:00 PM, April 30, 2010.

Please contact Lynsey Haught at 864-255-1673 for further information.

BERNADETTE L. PRESLAR SCHOLARSHIP APPLICATION

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SS#: _____

School Attending: _____

Area of Study: _____

Degree to be awarded & Year

Are you currently receiving any other financial aid (Pell Grant, Hope or Life Scholarships)?
Yes ____ No ____ If yes, please attach summary of aid.

***The Preslar Scholarship is awarded to a St. Francis Employee or Volunteer or their dependents pursuing a career in Health Care.
("Dependents" refers to children and grandchildren.)***

Status with St. Francis:

____ **Current Employee** ____ **Current Volunteer** **Status: FT** ____ **PT** ____

Department: _____

Supervisor: _____ Phone Ext: _____

____ **Family Member of Employee** ____ **Family Member of Volunteer**

Employee/Volunteer's Name: _____

Department: _____

Supervisor: _____ Phone Ext: _____

Education:

High School: _____

Graduation Year: _____ GPA: _____ Class Ranking: _____

College: _____ Years Completed: _____ GPA: _____

In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in the application will be sufficient cause for cancellation of this application. I authorize St. Francis Foundation to make any investigation deemed necessary, and release the party contacted from all liabilities and damages for issuing same.

Signature: _____ **Date:** _____

Please enclose the following information. Typed pages may be submitted in place of this page.

What do you plan to do with your degree?

Volunteer / Community Involvement / School Activities

Please state why this activity was chosen, the population served, and how being involved in this activity has impacted you.

1.

2.

3.

List any other areas of involvement:

This scholarship would enhance my healthcare career in the following ways:

