



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 rcampbel@nmhs.net, fax to 662.377.3552 to the attention of Rosalyn Campbell or mail to the following address:

Human Resources-NMMC
830 South Gloster
Tupelo, MS 38801
Attn: Rosalyn Campbell

Eligible applicants must reside or work in the counties served by NMHS. Applications will not be accepted after deadline date of March 31st, 2020.