ACHCA
American College of
Health Care Administrators

Mississippi Chapter

Dear District School Administrator,

The Mississippi Chapter of the American College of Health Care Administrators is please to announce the availability of two (2) Scholarships in the amount of $1000.00 for any student who would like to obtain a higher level of education at an institution of higher learning. The scholarship carries a stipend of five hundred dollars ($500.00) per semester not to exceed two (2) semesters.

Enclosed with this correspondence is an application to be completed by the applicant (student) for consideration. Upon completion the application needs to be mailed to the following address, to the attention of Aileen Holt, Chairperson.

Shearer Richardson Memorial Nursing Home
PO Box 419
Okolona, MS 38860

The Scholarship Committee will notify the school Administrator of the selected candidate(s) from their district via phone and mail.

Application for the spring/fall semester must be turned in by August 31st and November 30th for consideration.

Again, this scholarship is available for the students of your district. Please feel free to contact the Chairperson of the Scholarship Fund, Aileen Holt for any questions you may have about applying for the stated scholarship.

Sincerely,

Aileen Holt, Chairperson
ACHCA-MS Chapter

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Scholarship Fund Application

Name of Applicant: _____ (attach a photograph of self with application)

Address: _____ County: _____

Telephone #: _____ Date of Birth: _____

Name and address of last school attended: _____

_____

Graduation date: _____ Telephone #: _____ Principal/Dean's Name: _____

Describe any extracurricular activities: _____

Name(s) and addresses of parents/guardian: _____

_____

_____ County: _____

Telephone #: _____

Career Objective: _____ _____

_____

_____

List other financial assistance applied for: _____

Name and address of institution you plan to attend. _____

_____

_____

Please attach an essay as to why you have decided to pursue your field of choice and what you as an individual feel you can contribute to this field.

In submitting this application, I agree herewith (1) letter of recommendation from school officials (principal, teacher, or counselor), and an official letter of acceptance from the institution of higher learning named above. I understand that this scholarship carries a stipend of five hundred dollars ($500.00) per semester not to exceed two (2) semesters. I further understand the second semester allotment will be disbursed after I have provided the Chairman of the Scholarship Committee with official documentation of my first semester grades. I further understand that this scholarship may be revoked for any of the following reasons:

a. Failure to maintain a passing grade point average during the first semester.
b. Conduct as a student or citizen that causes either school or law enforcement authorities to take disciplinary action.
c. Dropping out of school or receiving an incompletion of course
d. Changing schools or career objectives without prior notice to the Chairman of the Scholarship Committee for the American College of Health Care Administrators.