

# **John McGrath Memorial Scholarship Application**

**The John McGrath Memorial Scholarship** was established to honor the memory and contributions of the late John McGrath, a long-time Arthurite and prominent community supporter who died in March 2022. John was a loyal fan of the Arthur community and specifically, a proud supporter of the Arthur EMT Association and Arthur Fire Department. His wife, Jody, also served our community as an EMT-Intermediate on the Ambulance Service for many years. John would attend all fundraisers the Arthur EMT Association put on and donated generously. He always supported the EMTs, striking up a conversation, and paying for meals when he saw them, no matter who they were with. John was very thankful for the services that the Arthur EMT Association provided to both the community and personally.

## **Eligibility Criteria**

The Arthur EMT Association is pleased to fund and offer one \$500.00 scholarship to a deserving high school senior graduating from either Arthur Lovington Atwood Hammond (ALAH) High School or Arthur Christian School (ACS) in 2024. The awardee must provide proof of acceptance and confirmed enrollment in a two- or four-year college or university with the intent of pursuing a degree in healthcare.

## **Application Requirements**

Please return completed application to your school counselor by April 17, 2024 for referral to our Scholarship Committee. ALL required attachments, including a completed essay and letter of recommendation, must be submitted together.

### **Please return the following items:**

1. Completed and signed attached application form.
2. Maximum 500-word essay answering all the following:
  - a. What personal experiences have influenced you to choose a career in healthcare?
  - b. How do you plan to pursue your career in healthcare?
  - c. What impact do you hope to leave through a career in healthcare?
3. Official high school transcript showing a GPA of at least 2.5.
4. Letter of acceptance from college or university that identifies anticipated course of study.
5. One letter of recommendation from someone other than a teacher or relative.

**Due Date: April 17, 2024**

**\*\*\*INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED\*\*\***

## John McGrath Memorial Scholarship Application Form

### **Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Academic Information**

Cumulative GPA: \_\_\_\_\_

High School(s) Attended:

Dates:

\_\_\_\_\_  
\_\_\_\_\_

Name of College or University to which Scholarship would be applied:

\_\_\_\_\_

Anticipated Major/Degree Program:

\_\_\_\_\_

Have you received or applied for financial assistance to pursue your course of study? If yes, please identify:

Source \_\_\_\_\_ Amount: \_\_\_\_\_

### **Activities and Interests**

A. Please list and describe community service and volunteer activities you have been involved with:

Organization	Activity	Dates Completed

Briefly describe your role/how you participated in above activities:

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B. Please list and describe your involvement in high school extracurricular activities such as athletics, organization membership or leadership positions:

Organization	Role	Dates Involved

Briefly describe your participation in above activities:

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C. Please list and describe academic, volunteer, or athletic awards or honors received:

Award or Honor	Awarding Organization	Date

D. Please list and describe any work experience:

Employer	Role/Position	Dates of Employment

Briefly describe your responsibilities in above position(s):

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I hereby certify that the statements herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_