



## St. Mary's School of Nursing/ Mountwest CTC Minority/ Person of Color Scholarship

**The St. Mary's School of Nursing / Mountwest Community and Technical College Minority Scholarship is to be awarded to a graduating high school student who meets the following criteria:**

1. Must be Black/African-American, Hispanic, Native American, Asian, Native Hawaiian, or Pacific Islander.
2. Must be a resident of one of the following West Virginia counties: Cabell, Lincoln, Mason, Putnam, or Wayne.
3. Must have a 3.0 cumulative grade point average in high school and must be graduating from high school in May/June of the application year.

Additional requirements:

**Must complete and submit the following:**

- Completed scholarship application
- High school transcript or a letter printed on school letterhead verifying a minimum 3.0 grade point average.
- An 800-word typed essay answering the question, "How has being a minority/person of color molded you as a person and how will that shape your career as a registered nurse?"

**The recipient of this scholarship will receive the following:**

- Waived tuition at Mountwest CTC for support courses required for St. Mary's School of Nursing (Approximately \$5,000).
- Full tuition, fees, and books for all courses at St. Mary's School of Nursing upon completion of prerequisite and corequisite courses at Mountwest CTC (Approximately \$19,000.00).

Student must remain continuously enrolled and maintain an overall 2.5 GPA for ongoing eligibility.

**DEADLINE TO SUBMIT APPLICATION IS APRIL 5, 2024.**

# St. Mary's School of Nursing / Mountwest CTC Minority/Person of Color Scholarship

This application is to apply for the St. Mary's School of Nursing / Mountwest CTC Minority/ Person of Color Scholarship.

**MUST BE TYPED AND NEATLY ORGANIZED.**

The completed application can be submitted via US Mail, Email, or Hand Delivery to:

- **US Mail:** Dr. Joey Trader, St. Mary's Medical Center, 2900 1<sup>st</sup> Avenue, Huntington, WV 25702
- **Email:** jtrader@st-marys.org
- **Hand Delivery:** St. Mary's School of Nursing, 2853 5<sup>th</sup> Avenue, Huntington, WV 25702

Name:	
Address: (Street number, City, State, Zip)	
Telephone number:	
Projected graduation date: (Month/Year)	
High School:	
West Virginia County of Residence:	
Grade point average:	

By signing and dating below, I represent that I meet the eligibility criteria and will provide any supporting documentation upon request.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scholarship Committee Member Signature

\_\_\_\_\_  
Date Completed Application Received  
and Confirmed Complete

