



BOARD OF COMMISSIONERS' SCHOLARSHIP REQUEST FOR CONTINUANCE	
<p>St. Tammany Parish Hospital Service District No. 1 d/b/a St. Tammany Health System Board of Commissioners has established a Scholarship Program to create a sustainable dedicated workforce by increasing educational opportunities available to nursing and allied health students and for existing STHS colleagues who seek to further their education. Pursuant to Section B (3) of the Scholarship Agreement continual eligibility under the Scholarship Program is on a semester-by-semester basis. Recipient must complete this form each semester and meet the eligibility criteria.</p>	
Section A-Scholarship Type:	
Checkmark the term for which you are re-applying:	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other	
Section B-Checklist:	
<p>Before you submit your Request for Scholarship Continuance, please verify that you have enclosed the following documentation. All required documents may be submitted by email at sthsscholarships@stph.org or in person at STHS Human Resources. Incomplete applications will be disqualified and will not be reviewed. Check each box below to verify completion.</p>	
<input type="checkbox"/> Submitted the Board of Commissioners' Scholarship Request for Continuance Form	
<input type="checkbox"/> Submitted a copy of academic transcript(s) (unofficial transcripts are acceptable)	
<input type="checkbox"/> Submitted documentation of tuition and fees	
Section C-Applicant Information:	
Name:	Academic Term:
School Attending:	Date of Birth:
Telephone No.:	Expected Graduation Date:
Address:	
Email:	
<p>I have conducted a review of the Recipient's file and instant Request for Continuance and certify that the Recipient meets the eligibility criteria for continuance.</p>	
Signature of Scholarship Review Committee Member	Date