

THE BENJAMIN TEATER MEMORIAL SCHOLARSHIP

The Benjamin Teater Memorial Scholarship fund was developed by the Board of Directors and Administration of Jones Memorial Hospital in memory of Ben Teater, a much valued and very well liked Radiology Technician at Jones Memorial Hospital for over 30 years. The funding for this scholarship comes from dividends earned on private donations made to the Hospital in his name. Its purpose is to assist residents of Allegany and Potter County in attending the accredited program of their choice in the field of Radiologic Technology.

ELIGIBILITY:

Applicants must:

- a) be a resident of Allegany County, New York, or Potter County, Pennsylvania.
- b) be a graduating high school senior, or a graduate, planning to attend a full-time accredited Radiologic Technology program, or currently enrolled in an accredited Radiologic Technology program.
- c) be prepared to sign a commitment of a minimum of six (6) months of paid service to Jones Memorial Hospital as a Radiology Technician upon graduation for each year of schooling for which scholarship funds were received (if an opening exists at that time).

GUIDELINES:

A total scholarship of \$500 will be awarded and the number of recipients will depend on the number of applications received. Awards will be based on all-around general merit and scholastic achievement. In general, applicants should have, or have had, a high school average of 80 or above.

Applicants will be individually evaluated and selected by the Benjamin Teater Memorial Scholarship Committee. There is no limit to the number of students from each school that may apply.

Each applicant will be required to provide a completed application, and a transcript of Grades 10, 11 and first semester of 12, or if currently enrolled in a Radiologic Technology program, a transcript of Grades 11, 12 and the first Semester of their first year at the accredited Radiologic Technology school.

Students must complete a new application each year they wish to apply. Applications must be received and complete by March 1st preceding the commencement of the school year.

Students are welcome to apply to receive the scholarship award each year they study in an accredited Radiologic Technology program. Students must maintain an acceptable grade average each semester, and show proof of acceptable attendance during the previous year, in order to be considered for an award the following year. This does not, however, guarantee subsequent awards.

The annual award will be announced in May and will be paid in two installments to the school - 1/2 before the start of the first semester, and, if the first semester is completed and an acceptable grade is achieved, 1/2 before the start of the second semester.

To assist the Scholarship Committee in making the selection, each applicant will be required to submit a written recommendation from at least two individuals. Suggested individuals include your employer, a teacher, your high school principal.

The final decision awarding scholarships shall be made by the Benjamin Teater Memorial Scholarship Committee in its exclusive discretion.

The Committee will not discriminate against scholarship applicants on the basis of age, race, creed, color, national origin, sex, marital status, or disability.

No Committee member shall vote on a application that would constitute a conflict of interest, but shall excuse themselves from any discussions or decisions on such applicant.

APPLICATION TO **THE BENJAMIN TEATER MEMORIAL SCHOLARSHIP FUND**

Name in full _____ Phone No. _____
(Please print) first middle initial last

Present Address _____
number and street town county state zip

School now attending _____
school name town county state zip

What Hospital or School for Radiologic Technology do you plan to attend, or are you presently attending? (if you have not already been accepted, please list the first and second choices that you have applied for)

#1 CHOICE:

Name	city and state	from - to (month & year)	name of program
#2 CHOICE			

Name	city and state	from - to (month & year)	name of program

Date of birth _____ Place of birth _____

Name of parent or guardian _____

Address _____ Occupation _____

Education: List all high schools and colleges attended:

Name of school: _____ Dates attended: _____ Degrees earned or anticipated: _____

Employment: describe and give dates for full or part-time employment during high school and college.

List your extracurricular and community activities (athletics, dramatics, organizations, community projects, etc.) Indicate your membership in honor societies, other organizations and any offices held. Attach a separate sheet if necessary.

Submit two letters of recommendation supporting this scholarship application. These letters should be from people who know you well, such as teachers, employers, or clergy. They should not be from relatives.

Submit a brief summary concerning why you chose this field of study and why you feel you need Scholarship assistance.

CREDENTIALS SUPPORTING APPLICATION: Indicate below how documents necessary to complete your credentials will be submitted. All completed applications must be submitted by March 1st.

DOCUMENT:	Included with application:	Will be forwarded by (give date)
Transcript of grades:	_____	_____
Letters of recommendation	_____	_____
Brief personal summary	- must be included with application	

AFFIRMATION:

I hereby affirm that the information herein is correct and I promise to notify The Benjamin Teater Memorial Scholarship Committee, through Jones Memorial Hospital, immediately of any change. I agreed that any award made to me may be void if any of the above eligibility requirements are not met, guidelines are not followed, or any untruths have been given on my application.

DATE _____ SIGNED _____

Please return completed application to your Guidance Office or:
Jones Memorial Hospital
Lisa Sweet, Executive Assistant
N. Main Street
Wellsville, NY 14895