

# SCHOLARSHIP APPLICATION FOR CAPITAL REGION MEDICAL FOUNDATION & CRMC PARTNERS

**DEADLINE: 11:59pm on Sunday, March 1, 2026**

Please complete this application to be considered for a scholarship from both organizations (Capital Region Medical Foundation and CRMC Partners). The two organizations are separate entities and will give out scholarships independent of one another.

**Capital Region Medical Foundation** is a nonprofit organization dedicated to supporting MU Health Care's Capital Region Medical Center in Jefferson City and its clinics in the surrounding counties as it works to deliver high-quality, compassionate medical care to the community and surrounding service area. The Foundation's mission is made possible through the generosity of donors who contribute both their time and financial support to help strengthen healthcare services and enhance patient care.

**CRMC Partners** is a nonprofit organization dedicated to supporting MU Health Care's Capital Region Medical Center in advancing its mission and ensuring a welcoming, comfortable experience for patients and visitors. This organization is made possible through the generosity of donors and the dedication of volunteers who generously give their time and talents in service to the hospital and the community it serves.

Capital Region Medical Foundation, in partnership with CRMC Partners, is committed to strengthening our community by supporting education, workforce development, and the future of healthcare. Through this scholarship program, Capital Region Medical Foundation and CRMC Partners invest in students who demonstrate dedication, academic promise, and a desire to make a meaningful impact in their chosen field. By supporting access to education, Capital Region Medical Foundation and CRMC Partners help cultivate skilled professions who will contribute to the health and well-being of our region for years to come.

Between the two organizations, they will be awarding multiple scholarships in 2026 totaling over \$20,000. This one application will qualify you for consideration by both organizations. Please note that Capital Region Medical Foundation requires an in-person interview in Jefferson City, Missouri should your application advance to the second and final round. You will be contacted by late March to schedule this interview should you advance. Scholarships from CRMC Partners do not require anything further than submittal of this application.

## **APPLICATION GUIDELINES:**

The application must be typed or printed in black/blue ink. Please make sure your writing is legible. You can also submit this application online at [www.crmfjcmo.org](http://www.crmfjcmo.org).

In order for your application to be considered complete, the following must be submitted:

1. Completed application with completed essay question;
2. A letter from an institution stating your acceptance;
3. Complete transcript of your most recent completed academic semester (this can be attached to this application and then emailed to [partners@health.missouri.edu](mailto:partners@health.missouri.edu), or mailed to :

Attn: Volunteer Services  
Capital Region Medical Center – MUHC  
1125 Madison Street  
Jefferson City, MO 65101

## SCHOLARSHIP APPLICATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

What college do you plan to attend? \_\_\_\_\_

If you've been assigned a student number, please list it: \_\_\_\_\_

Have you been admitted? \_\_\_\_\_ Month/year you plan to enter \_\_\_\_\_

Estimated cost of tuition for the upcoming school year \_\_\_\_\_

Intended college major \_\_\_\_\_

Career goal \_\_\_\_\_

How did you hear about this scholarship opportunity? \_\_\_\_\_

Are you employed by MU Health Care Capital Region Medical Center? \_\_\_\_\_

Do you have a guardian, parent, or grandparent who is a current MUHC-CRMC employee or volunteer? (Please circle)

Yes

No

If yes, please list their name: \_\_\_\_\_

How did you hear about this opportunity? (Please circle or write in your answer)

School Counselor

Word of Mouth

Newspaper

Other: \_\_\_\_\_

Does your school or institution have an awards ceremony to recognize scholarship recipients?

Yes, it is on \_\_\_\_\_

No

If you are selected as a recipient of this scholarship, would you like for us to come to your school or institution's awards ceremony to present you with your scholarship pending availability of our staff? (Please circle)

Yes

No

# **ACTIVITIES, HOBBIES, AND WORK EXPERIENCE**

## **School & Leadership Positions**

List significant school activities and offices held, letters earned, etc.

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What paid work experiences have you had? \_\_\_\_\_

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## **Community Activities**

In what out-of-school activities (4H, clubs, sports, church, community, etc.) have you participated?

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## **Awards and Honors**

What awards and honors have you received? \_\_\_\_\_

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List other scholarships for which you have made application and/or received.

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**ESSAY (1):** Please complete the essay below and attach to your application.

1. Compose a statement of not more than 200 words explaining your goals for the future and your professional ambitions. How will this scholarship help you to achieve your goals?

Do you have someone who is dependent on you for livelihood?

☐

Yes

☐

No

Please list sources and amounts of other scholarships or financial aid you've already been awarded. Do not include loan information.

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ADDITIONAL INFORMATION:

1. Please attach a complete transcript (official or unofficial) of your most recent completed academic semester. This can be attached to this survey, emailed to [partners@health.missouri.edu](mailto:partners@health.missouri.edu), or mailed to the address listed at the end of the application.
2. Please include a letter from the institution you plan to attend that states your acceptance.

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(Signature of Student and Date)

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(Please print your name and date)

**Applications must be submitted by 11:59pm on Sunday, March 1, 2025, via mail or email.** If mailed, the application should be postmarked by Friday, February 27, 2025. Please mail to:

Capital Region Medical Center – MUHC  
Attention: Volunteer Services  
1125 Madison Street  
Jefferson City, MO 65101

Applications submitted by email should be sent to Grace Schnieders, Capital Region Medical Center Partners, at [partners@health.missouri.edu](mailto:partners@health.missouri.edu).