



FOR IMMEDIATE RELEASE

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**JENNIE STUART HEALTH IS EXTENDING APPLICATION DEADLINE FOR
THE HENRY R. BELL, MD
SCHOLARSHIP FUND**

HOPKINSVILLE, KY – March 30, 2020 – Jennie Stuart Health will now be extending the deadline for the Henry R. Bell, MD, Scholarship Fund, which will award a total of four \$2,000 scholarships to high school students interested in a career in the healthcare field. Students from Christian, Todd and Trigg counties are welcome to apply. Applications are available online at **JennieStuartHealth.org**, and must be received by June 30, 2020. The selected winners will be notified by mail. All applicants are to include a copy of their high school transcript from the last school attended and must be submitted along with one letter of recommendation from a non-relative.

The Bell Scholarship Fund awards scholarships based on the student's motivation and financial needs. The fund was established by the Medical Staff and the JSMC Board of Trustees in honor of Dr. Henry R. Bell. He was a family practice physician at JSMC for a number of years, and also founded the Bell Clinic in Elkton, KY.

Please submit applications to:

Jennie Stuart Health, 320 West 18th Street, Hopkinsville, KY 42241, Attn: Anita Walker.

About Jennie Stuart Health:

Jennie Stuart is a private, not-for-profit healthcare organization that includes an acute-care medical center, a free standing outpatient surgery center, medical imaging, laboratory, rehabilitation, occupational health and home health services, and an integrated physician network. For more information, call (800) 887-JSMC (5762) or visit our website at JennieStuartHealth.org.

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Henry R. Bell, MD Scholarship Fund

Attach a brief essay [one page] describing why you feel you should be awarded this scholarship.

Applicant Information:

Name: _____ DOB: _____

Telephone Number: _____

Home Address: _____
City State Zip Code

Parents' Information

Father/Guardian Name

Mother/Guardian Name

Telephone number

Telephone number

⇒ List College, University or Medical Related Programs to which you have applied:

- 1. _____
- 2. _____
- 3. _____

⇒ Which medical– related profession have you chosen?

- 1. _____

⇒ Estimated education expenses per year: _____

⇒ Grants or scholarships received [from where and how much]

- 1. _____
- 2. _____
- 3. _____

⇒ Scholarships you have applied for [from where and how much]

- 1. _____
- 2. _____
- 3. _____

Henry R. Bell, MD Scholarship Fund

Applicants Employment Record [use additional sheet if needed]

List all employers, including duties, date of employment and supervisor's contact name/telephone

1. _____

2. _____

3. _____

List High School name and all school activities and offices held through high school

1. _____
2. _____
3. _____
4. _____

List community activities in which you have participated, including supervisor contact name and telephone

1. _____
2. _____
3. _____
4. _____

By signing below, I acknowledge that I have read and that I meet the qualifications, as outlined in the Henry Bell, MD Scholarship policy.

Applicant printed name

Applicant Signature

Date