



HSG Charitable Foundation Matching Scholarship Application

Date of Request: _____

Amount Requested: _____

Scholarship
Tuition Reimbursement

ORGANIZATION INFORMATION

Facility Name _____

Contact Name & Title _____

Mailing Address _____

Phone Number _____ Email Address _____

RECIPIENT INFORMATION

Recipient Name _____

Mailing Address _____

Phone Number _____ Email Address _____

Recipient is: Current Employee Job Title _____

High School Student Prospective Employee

Currently Enrolled in Education Program? Yes No

If yes, list area of study _____

Estimated Education Completion Date _____

Name of School _____

Program: Masters Undergraduate Associate Trade Certification

The education associated with these Matching Scholarship funds have helped with the following (please check all that apply):

- Employee Retention
- Employee Recruitment
- Improved Quality of Patient Care
- Improved Patient Safety

Briefly describe the ways in which these Matching Scholarship funds have benefited your organization:

By submitting this application, I affirm that the facts set forth herein are true and complete.

Contact Name

Date

Submit by mail: Scholarship Coordinator | HSGCF | PO Box 1498 | Jefferson City, MO 65102-1498

Email: Scholarship@hsg-group.com

Online: www.hsg-group.com/hsgcf

It is the policy of HSGCF to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.