



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 Signature

Date

Submit by mail: Scholarship Coordinator | HSGCF | 4700 Country Club Dr., Jefferson City, MO 65109

Email: Scholarship@hsg-group.com

Online: [HSGCF Matching Scholarship Application](#)

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