



# The Horsman McFadden HSC Team Member Scholarship

## **PURPOSE**

The award will be \$1,000 per scholarship. The goal is to fund scholarships annually and provide assistance for University of North Texas Health Science Center (HSC) team members or a team member's dependent who are pursuing higher educational goals. The Horsman McFadden HSC Team Member Scholarship committee in concert with the HSC Foundation will determine the number of scholarships that will be awarded each year. Online classes are accepted. HSC team members, their spouses or their dependents are eligible whether they are attending HSC or another university.

## **HSC TEAM MEMBER SCHOLARSHIP CRITERIA - APPLICANTS MUST MEET THE FOLLOWING ELIGIBILITY REQUIREMENTS:**

1. Must be a current HSC or UNT System team member who has been employed on the Health Science Center campus (and its off-site locations) in a full-time position for at least one year and who has a good standing from their review at the time of their application;
2. Must demonstrate a GPA of 3.0 or higher (needs to provide transcript); if first time college student then high school transcript required with submission;
3. Must be enrolled in at least 6 semester hours and taking courses that lead to a degree or certificate;
4. Must be an active full-time team member on the payroll at the time of the award;
5. Must provide a verification of enrollment (after class census date) in an accredited university; and
6. Must provide an application letter (maximum of 500 words) on how this award will benefit them.
7. Select one of the five UNTHSC values (see attached list of values) you most closely identify with and share a story of how you live out this value (please incorporate this story within your application letter).
8. **Must submit all requested materials by Friday, August 20<sup>th</sup> to [rhs@unthsc.edu](mailto:rhs@unthsc.edu).**

PLEASE NOTE: Preference will be given to applicants whose degree program would benefit them directly in their current HSC position or benefit the Health Science Center.

DEPENDENT CRITERIA - APPLICANTS MUST MEET THE FOLLOWING ELIGIBILITY REQUIREMENTS:

1. The parent, guardian or spouse has been employed with the Health Science Center or UNT System (located on the HSC Campus) in a full-time position for at least one year at the time of their application;
2. Dependent must be under 25 years of age;
3. Dependent carries a GPA of 3.0 or higher (needs to provide transcript); if first time college student then high school transcript required with submission;
4. Applicant must be enrolled in at least 12 semester hours and taking courses that lead to a degree or certificate;
5. Must provide a verification of enrollment (after census date) in an accredited university;
6. Dependent must provide an application letter (maximum of 500 words) about how this award will benefit them and their family.
7. Select one of the five UNTHSC values (see attached list of values) you most closely identify with and share a story of how you live out this value (please incorporate this story within your application letter).
8. **Must submit all requested materials by the third Friday in August to [rhs@unthsc.edu](mailto:rhs@unthsc.edu).**

ADDITIONAL CLARIFICATIONS:

1. Dependent child shall mean any naturally born child, legally adopted child, stepchild, or ward of an employee;
2. Retirees and children of retirees are not eligible;
3. The team members must be a full-time active team member on the payroll at the time of the award;
4. Applicant can be either an undergraduate or a graduate student; and
5. Applicants must apply each year and be selected by the Horsman McFadden HSC Team Member Scholarship Committee. There is no automatic renewal based on a previous selection or application.
6. Once recipients have accepted the award a thank you note acknowledging the gift is required within two weeks.



# The Horsman McFadden HSC Team Member Scholarship Application

Application Deadline: Friday, August 20, 2021

Year: \_\_\_\_\_

Team Member Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Hire Date: \_\_\_\_\_ % FTE: \_\_\_\_\_

IF STUDENT IS OTHER THAN TEAM MEMBER ABOVE:

Dependent's Name: \_\_\_\_\_

Student ID# \_\_\_\_\_

Relationship to Team Member: \_\_\_\_\_

**SEE SCHOLARSHIP CRITERIA FOR ALL ELIGIBILITY REQUIREMENTS.**

\_\_\_\_\_ New (marriage license for a spouse or the birth certificate for a dependent must be submitted with the first scholarship application)

\_\_\_\_\_ Former Student

Have you met all requirements for admission in good standing to the University? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ Continuing Student

Have you received a Horsman McFadden HSC Team Member Scholarship (formerly The Rand Horsman Scholarship) previously? \_\_\_ Yes \_\_\_ No

Undergraduate and graduate: Do you have a minimum of 3.0 grade point average? \_\_\_\_\_

I hereby certify and I have read the criteria and believe I am eligible to apply for this scholarship and have no outstanding debt with the state of Texas. If I am later determined ineligible, the scholarship will be revoked and you will be required to return the funds.

\_\_\_\_\_  
Applicant Signature/Date

\_\_\_\_\_  
Team Member Signature/Date  
(If other than student)