



Scholarship Program

The Scholarship program offered by the Good Shepherd Institute for Healthy Living is designed to assist individuals with financial needs who have medical conditions that may be significantly improved through Good Shepherd Institute for Healthy Living membership. Information used to determine an individual's eligibility will include: the applicant's medical condition(s), likelihood of medical improvement with a membership, annual income and family size. Scholarships are for a 6 month free membership to the Good Shepherd Institute for Healthy Living and maybe terminated at any time due to failure to comply with the guidelines of the membership, submitting falsified information or failure to meet the quota of visits per week (workout no less than 3 times per week).

Eligibility

Eligibility for the Scholarship Program will be determined after a scholarship application and supporting documentation have been completed and submitted. All applications will be reviewed by the Good Shepherd Institute for Healthy Living Scholarship Committee. Exceptions may be made in cases of unusual or extraordinary circumstances. All individuals who apply for the scholarship will be notified of the acceptance or denial of their request in writing. Scholarships will be awarded for six months periods and individuals will be required to apply again after the contract expires. Individuals who wish to reapply will need to update all information each time a new application is sent. Participants must agree to utilize the facility a minimum of three times per week. If a participant fails to use the facility as agreed, membership may be cancelled. Membership may be revoked for abusive behavior and program noncompliance at anytime. If membership is revoked by the Good Shepherd Institute for Healthy Living, the individual may not apply for another scholarship for one full year from the date of membership cancellation.

Please Submit the Following:

- **Cover Letter Explaining Your Situation**
- **Completed Scholarship Application**
- **Income Verification**
(Please provide your most recent tax return, social security disability if applicable, and three months of bank statements. If you do not have one of these please give proper documentation.)
- **Physician's Supporting Letter**

Acceptance of Specifics and General Information

By accepting a Good Shepherd Institute for Healthy Living Scholarship, the individual agrees that they have read and understand the Eligibility and General Requirements of the Scholarship Program. The individual also agrees to abide by all rules and regulations established by the facility. *The Good Shepherd Institute for Healthy Living reserves the right to cancel membership contracts at any time and for any reason.*

Applicant's Signature

Date



Scholarship Application

Last Name _____ First Name _____

Address _____ City _____ State _____

Zip Code _____ Phone _____ Email _____

Annual Household Income _____ Last 4 Digits of Social Security _____

Do you have health insurance? Y/N _____ If Yes, Name of the Provider _____

Number of Family members living under your household _____

Please List any Medical Conditions you may have:

Applicant should:

1. Reapply every six months for scholarship to renew complimentary membership.
2. Utilize their membership no less than three times a week.
3. Conform to the membership rules and regulations of the Good Shepherd Institute for Healthy Living.
4. Remain in good standing with Good Shepherd Medical Center.
5. Send any additional information that the committee requires to make a decision in regards to giving out a scholarship membership.
6. Understand that if any false information is submitted the scholarship shall be terminated, and the applicant will be billed for the portion of the membership that was used.

Please note that completion of the application does not guarantee a complimentary or discounted membership.

Applicant's Signature _____ Date _____

**Return Application to: Ashley Tipps
Good Shepherd Scholarship Committee
Good Shepherd Institute for Healthy Living
3133 Good Shepherd Way, Longview, TX 75605
(903)323-6502 Email: atipps@gsmc.org**



Scholarship Application Checklist

Applicant Name: _____ Phone: _____
Packet Contents:

___ Cover Letter

___ Completed Application

___ Income Verification

***Please provide your most recent tax return, social security disability, if applicable, and the last three months of bank statements. If you do not have one of these items please provide proper documentation.**

___ Physician Letter

Notes:

Application Approval:

___ Approved

Date: _____

Institute Director: _____

Accounting Director: _____

Amount awarded: _____

___ Not Approved

Date Eligible to Reapply: _____

Applicant Contacted:

Date: _____ By: _____

___ Letter

___ Phone

___ In person