



# Mon Health Medical Center Foundation Scholarship Agreement 2026/2027

By signing below, I understand that I AM RESPONSIBLE for:

- **Notifying the Foundation if I become ineligible for the scholarship and refunding the Foundation accordingly. Examples of ineligibility include:**
  - Failure to maintain a minimum GPA of 2.5 for any semester.
  - Failure to maintain a course of study in approved health care field.
  - Failure to complete a school term.
- **Not accepting more aid from all sources than exceeds my annual tuition, room and board, books, and lab fees.**
- **Keeping a current address, email, and cell phone number on file with the Foundation.**
- **Requesting payment each semester from the Foundation via the payment request form.** This form will be sent to you via email, or you may request a hard copy.
- **Submitting grades after each semester with the payment request form.** This can be a copy of your grade report and does not need to be an official transcript.
- **Submitting a copy of the school invoice with the payment request form.**
- **Submitting the renewal application to the Foundation for each year I want the Foundation to consider renewing my scholarship.** This will be sent via email for as long you remain eligible (4 year maximum) or you may request a hard copy.

## Acknowledged and Accepted:

\_\_\_\_\_  
Student (PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
\*Parent or Guardian (PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\*Unless student files income taxes as independent

**Return by April 1, 2026:**



Mon Health Foundation  
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