



Marion Boyd Scholarship Fund

The Marion Boyd Scholarship Fund is established with the Med Center Health Foundation through gifts made by friends and family of Marion Boyd and staff members of Med Center Health. The purpose of the Scholarship Fund is to pay tribute to Marion Boyd and to recognize the contributions she made to Med Center Health.

Ms. Boyd worked at Med Center Health for 57 years. She began her career in Food Services; in 1970 she began working in Radiology. By 2001 she was the General Radiology Manager and worked in that role until the time of her passing. She was a teacher, mentor and friend to many students and staff.

The scholarship is for the Fall 2023-Spring 2024 academic year. It includes \$2000 per year, payable over two semesters, awarded to one student. Current MCH scholarship recipients are not eligible to apply.

This scholarship is renewable, provided the recipient maintains the minimum GPA requirement listed below. Scholarship check will be sent directly to SKYCTC.

To qualify for the Marion Boyd Scholarship, applicants must meet the following criteria:

- Be previously accepted into the Radiography Program at SKYCTC and in good standing with the college.
- Maintain a minimum 3.0 GPA for continuation of scholarship.
- Agree to work for MCH upon graduation full time in the Radiology department for the term of one year for each year the scholarship was awarded.

To be considered for this scholarship you must submit:

- Completed Application (including short essay)
- College Transcript (current)

Mail or email application to:

Med Center Health Foundation
Attn: Amy C. Hardin
hardac@mchealth.net
800 Park Street
Bowling Green, KY 42101
(270) 745-1535

Application Deadline: March 15, 2024

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Please complete the following information:

Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____(Day): _____(Evening): _____

Email Address: _____

Social Security No: _____ Graduation Date: _____

Are you currently employed at Med Center Health: _____

If so, which department: _____

Job Title: _____

Length of Employment: _____

Supervisor: _____

Have you been accepted into / are you currently enrolled in the Radiography program at SKYCTC:

Anticipated Graduation Date: _____

Write a brief explanation of why you should be awarded this scholarship.
