

# DR. CIRIACO “JERRY” MEMMOLO MEMORIAL SCHOLARSHIP

## Overview and Instructions for the 2010 APPLICATION

The **Dr. Ciriaco “Jerry” Memmolo Memorial Scholarship** is open to academically qualified full time and regular part time employees and children of full time and regular part time employees of St. Anthony Medical Center, St. Louis, Missouri. The applicant selected to be a recipient will:

- ▶ demonstrate financial need as a full time student at an accredited trade school, college or university.
- ▶ be either: 1) an **employee** enrolled in a certificate or undergraduate degree program that will either improve his or her work in a clinical healthcare field; or  
2) a **dependent child of an employee** enrolled in a healthcare field of study.

The Dr. Ciriaco “Jerry” Memmolo Memorial Scholarship was established by Rizziero and Asteria Memmolo to perpetuate the memory of their son, Dr. Jerry Memmolo, a general surgeon at St. Anthony’s Medical Center from 1997 until his death in a tragic car accident September 5, 2002 as he drove to St. Anthony’s. You are invited to read the enclosed Mission and Background for a more complete understanding of the scholarship and its inspiration.

One scholarship of up to \$1,500 will be awarded for the 2010-2011 academic year. Students at any level in their program of study are encouraged to apply. Recipients may reapply for award consideration for a maximum of four years of funding provided they continue to meet eligibility requirements.

Applications will be evaluated on the basis of past academic performance (must currently have achieved a cumulative 2.8 grade point average on a 4 point scale) and potential for continued success, the quality of the essay and recommendations, and evidence of the student’s compassion, team spirit, integrity and/or work ethic. Selection of the recipients and the scholarship amount will be determined by the Greater Saint Louis Community Foundation from information provided by the applicant, the applicant’s family, and the school.

Eligible students may obtain an application from the St. Anthony’s Bulletin Board on the SAMCare intranet, Education office or website [www.stanthonyshospital.com](http://www.stanthonyshospital.com). Each applicant will be notified of his or her status in the competition in early June.

### The following application materials must be postmarked to the Community Foundation by May 1:

- Completed, signed **Application**
- **Essay**
- Cumulative **Transcript** of academic work through the Fall term and a list of current coursework
- **Two Letters of Recommendation:**
  - one from a current instructor, and
  - one from another instructor, an employer or supervisor, or a member of the clergy.
- **Financial Aid Award letter** from the college or university you will attend
- Photocopy of current FAFSA **Student Aid Report** (SAR) that includes the Expected Family Contribution (EFC).

See page two for more detailed information about required application materials.

All application materials should be sent to: **DR. CIRIACO “JERRY” MEMMOLO MEMORIAL SCHOLARSHIP  
GREATER SAINT LOUIS COMMUNITY FOUNDATION  
319 NORTH FOURTH STREET SUITE 300  
ST. LOUIS, MO 63102**

**Questions?** Contact Amy B. Murphy, Donor Services & Scholarship Officer, at 314.588.8200, ext. 132, or [amurphy@gstlcf.org](mailto:amurphy@gstlcf.org)

The Dr. Ciriaco “Jerry” Memmolo Memorial Scholarship program is administered by the Greater Saint Louis Community Foundation. Eligibility, financial need, and award amount will be determined by the Greater Saint Louis Community Foundation. The Dr. Ciriaco ‘Jerry’ Memmolo Memorial Scholarship program, as a component fund of the Greater Saint Louis Community Foundation, does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability.

# DR. CIRIACO "JERRY" MEMMOLO MEMORIAL SCHOLARSHIP

## Application Check List

Use this page to keep track of materials required for your application.

**Deadline:** The following application materials must be postmarked by May 1.

- |  | Date submitted |
|--|----------------|
| 1. The completed and signed <b>application</b> form  | _____          |
| 2. An <b>Essay</b> that tells us about what is important to you as you pursue your academic goals. Examples of your interest in serving others, obstacles or burdens you have experienced, or situations that have led you to embody the characteristics of empathy and compassion will greatly enhance your essay.  | _____          |
| 3. <b>Two Letters of Recommendation:</b> (You should write your name on the form before giving it to the recommender)<br><b>one</b> from a current instructor: _____<br><b>one</b> from another instructor, an employer or supervisor, or member of the clergy:<br>_____   | _____<br>_____ |
| <p>NOTE: Provide a form and an envelope to those who will write recommendations for you. The recommender may <b>either</b> return the completed form to you in a sealed envelope for you to submit with your application <b>OR</b> they may mail their recommendation directly to the Greater Saint Louis Community Foundation. It is your responsibility to assure that the recommendations are submitted by the postmark deadline.</p> |                |
| 4. An official cumulative <b>transcript</b> of academic work through the Fall term that indicates a cumulative 2.5 grade point average on a 4 point scale (or equivalent). A printout from a secure college website is acceptable for college students. High school applicants must request an official transcript from the high school.   | _____          |
| 5. List of courses in which you are currently enrolled, including credit to be received.   | _____          |
| 6. A photocopy of your <b>Financial Aid Award</b> letter for the coming year from the school you will attend.<br>Current college students: If the award letter for the coming year is not yet available, please provide a copy of your current financial aid award letter and send a copy of the new letter as soon as it is available.  | _____          |
| 7. A photocopy of the 2010 FAFSA <b>Student Aid Report</b> (SAR) that includes the Expected Family Contribution ( <b>EFC</b> )<br>To file the Free Application for Federal Student Aid, visit <a href="http://www.fafsa.ed.gov">http://www.fafsa.ed.gov</a> and follow the detailed instructions.  | _____          |

**KEEP A PHOTOCOPY OF THIS ENTIRE APPLICATION FOR YOUR FILES.**

**Postmarked by May 1,**

all application materials should be sent to:

DR. CIRIACO "JERRY" MEMMOLO MEMORIAL SCHOLARSHIP  
GREATER SAINT LOUIS COMMUNITY FOUNDATION  
319 NORTH FOURTH STREET SUITE 300  
ST. LOUIS, MO 63102

# DR. CIRIACO "JERRY" MEMMOLO MEMORIAL SCHOLARSHIP

## 2010 APPLICATION

Postmark deadline for application and supporting materials: **May 1**. Complete all items. Label all enclosures with your full name.

1. Name \_\_\_\_\_  
First Middle Last
2. Last 4 digits of Social Security# \_\_\_\_\_  
 or Student ID# \_\_\_\_\_
3. Permanent Address \_\_\_\_\_  
Street City/State Zip
4. Telephone number (\_\_\_\_) \_\_\_\_\_ 5. Mobile phone number (\_\_\_\_) \_\_\_\_\_
6. Email address: \_\_\_\_\_ 7. Date of Birth \_\_\_\_\_ 8. Age \_\_\_\_\_  
Month Day Year
9. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ 10. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_
11. I am an applicant for financial aid at the school I plan to attend.  Yes  No If No, attach a note explaining why not.
12. I have been a full time or regular part time employee of St. Anthony's Medical Center for at least one year.  Yes  No **OR**  
 My parent has been a full time or regular part time employee of St. Anthony's Medical Center for at least one year.  Yes  No  
 Provide SAMC employee's social security number: \_\_\_\_\_
13. Alternate contact (spouse, parent, guardian, adult sibling) Name \_\_\_\_\_
14. Address (if different from #3 above) \_\_\_\_\_  
Street City/State Zip
15. Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_ 16. Mobile phone number (\_\_\_\_) \_\_\_\_\_
17. How did you learn about the Dr. Ciriaco "Jerry" Memmolo Memorial Scholarship program? \_\_\_\_\_  
 \_\_\_\_\_
20. Applicant's current college or school: \_\_\_\_\_  
Name
21. Address \_\_\_\_\_ 22. High School graduation date \_\_\_\_\_  
Street City / State Zip Month Year
23. Program or College you plan to attend Fall 2010: \_\_\_\_\_  
name city and state
24. Indicate the Academic program, certificate or degree being pursued: \_\_\_\_\_
25. Expected program completion date: \_\_\_\_\_ 26. Projected career goal? \_\_\_\_\_  
month and year
27. Attach an **Essay** that tells us about what is important to you as you pursue your academic goals. Examples of your interest in serving others, obstacles or burdens you have experienced, or situations that have led you to embody the characteristics of empathy and compassion will greatly enhance your essay.

28. Provide information on your most recent **work experience** including family business:

Name of business	Hours worked per week	Employed from mo/yr. to mo/yr.	Title and Job duties
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____

29. Provide information on your non-work or volunteer involvement, concentrating on those most important to you:

Activity	Time involved per week	Period of involvement mo/yr. to mo/yr.	Position(s) held and/or details of the activity
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____

30a. Amount of financial assistance you are or will be receiving from any other sources:

	Received 2009-2010	Will Receive 2010-2011
• a. Talent award (academic, music, sports, etc.) Type _____	\$ _____	\$ _____
• b. Military (ROTC, National Guard Reserves, etc.)	\$ _____	\$ _____
• c. State Scholarship (such as Missouri's Bright Flight)	\$ _____	\$ _____
• d. Private award(s) from _____	\$ _____	\$ _____
• e. Other employer tuition benefits from _____	\$ _____	\$ _____
• f. Out-of-state tuition waiver from the college	\$ _____	\$ _____
• g. Other assistance from _____	\$ _____	\$ _____

30b. If you are not receiving, or will not receive, any of the above, initial appropriate line → \_\_\_\_\_

If you are receiving a scholarship or other assistance with renewal restrictions, such as continued participation in an activity or a minimum grade point average, please provide detailed information here, or enclose a copy of the award description.

**Additional Financial information:**

31a. Provide information on all family members claimed on your most recent federal tax returns (children of employees should provide information from their parent's tax return):

Name of family member	Age	Relationship to candidate	Name of school or college he or she will attend for the 2010-2011 academic year	Cost of attending per term
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____

31b. Will any tuition listed be paid or reimbursed by an employer? Yes \_\_\_ No \_\_\_ If yes, reimbursable amount: \_\_\_\_\_

32. Student's housing costs, including insurance and taxes, for 2010-2011 academic year: \_\_\_\_\_

**Divorced families:** 32. What amount will the non-custodial parent contribute to the applicant's education? \_\_\_\_\_

33. If you wish to inform the Foundation of any unusual financial circumstances, including unusual costs associated with the applicant's education, or educational loans already incurred for or by applicant, please provide on a separate sheet, headed by the applicant's name.

You are required to provide a clear copy of your current FAFSA Student Aid Report (SAR) and your financial aid award letter from your school or college. Tax forms, W-2s or other documentation may be requested by the Greater Saint Louis Community Foundation to confirm information on the FAFSA.

Your signature at the end of the application authorizes the Greater Saint Louis Community Foundation and its selection committee to examine and verify your academic and financial records and to release pertinent data to those involved with the Foundation programs. Your signature certifies that all information here is true and complete to the best of your knowledge. An unsigned or incomplete application will make the applicant ineligible for consideration for a Dr. Ciriaco "Jerry" Memmolo Memorial Scholarship award.

34. Applicant's Signature \_\_\_\_\_ 35. Date \_\_\_\_\_

# Dr. Ciriaco “Jerry” Memmolo Memorial Scholarship

## Letter of Recommendation

for

<b>Applicant Name:</b>
------------------------

<b>Instructions for person making the recommendation</b>
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- |  |
|--|
| <ul style="list-style-type: none"> <li>• Complete the form. Attach a letter if you wish to expand on the information requested here.</li> <li>• Place completed recommendation in an envelope, <u>seal and sign your name across the seal</u>. Return the form to the applicant <u>or</u> mail directly to: Dr. Ciriaco “Jerry” Memmolo Memorial Scholarship, Greater Saint Louis Community Foundation, 319 N. Fourth Street Suite 300, St. Louis, MO 63102</li> </ul> |
|--|

How long have you known the applicant?
--

Identify the associations you have had with the applicant. Check all that apply.
--

- |  |
|--|
| <input type="checkbox"/> Instructor <span style="margin-left: 150px;"><input type="checkbox"/> Employer/Supervisor</span>  |
| <input type="checkbox"/> Clergy <span style="margin-left: 150px;"><input type="checkbox"/> Academic Advisor</span> <span style="float: right;"><input type="checkbox"/> Other _____</span> |

<b>Please rate the applicant by entering a ✓ in the appropriate spaces below.</b>
---

	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-Making Ability					
Organizational Skills					
Communication Skills: Written Oral					
Resiliency					
Positive Attitude					
Integrity / Honesty					
Interpersonal Sensitivity					
Team Spirit					
Work Ethic					

<p>In addition to the ratings, please expand on your assessment of this student’s evidence of compassion, team spirit, integrity and/or work ethic. Attach a letter or use the reverse side of this form if extra space is needed.</p>
--


My recommendation is: <input type="checkbox"/> Highly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Recommend with reservations <input type="checkbox"/> Do not recommend
--

Signature of Person Making Recommendation	Date
---	------

Printed Name	Business and Position (if applicable)
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Address
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Daytime Telephone Number	Email Address
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# Dr. Ciriaco “Jerry” Memmolo Memorial Scholarship

## Letter of Recommendation

for

**Applicant Name:**

**Instructions for person making the recommendation**

- Complete the form. Attach a letter if you wish to expand on the information requested here.
- Place completed recommendation in an envelope, seal and sign your name across the seal. Return the form to the applicant or mail directly to: Dr. Ciriaco “Jerry” Memmolo Memorial Scholarship, Greater Saint Louis Community Foundation, 319 N. Fourth Street Suite 300, St. Louis, MO 63102

How long have you known the applicant?

Identify the associations you have had with the applicant. Check all that apply.

- Instructor
  Employer/Supervisor
  Other \_\_\_\_\_
- Clergy
  Academic Advisor

**Please rate the applicant by entering a ✓ in the appropriate spaces below.**

	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-Making Ability					
Organizational Skills					
Communication Skills: Written Oral					
Resiliency					
Positive Attitude					
Integrity / Honesty					
Interpersonal Sensitivity					
Team Spirit					
Work Ethic					

In addition to the ratings, please expand on your assessment of this student’s evidence of compassion, team spirit, integrity and/or work ethic. Attach a letter or use the reverse side of this form if extra space is needed.

My recommendation is:

- Highly recommend
  Recommend
  Recommend with reservations
  Do not recommend

Signature of Person Making Recommendation	Date
Printed Name	Business and Position (if applicable)
Address	
Daytime Telephone Number	Email Address

## **THE DR. CIRIACO “JERRY” MEMMOLO MEMORIAL SCHOLARSHIP**

### **Mission**

The mission of the Dr. Ciriaco “Jerry” Memmolo Scholarship is to perpetuate the memory of Dr. Jerry Memmolo through scholarship awards. These scholarship awards are intended for employees of St. Anthony’s Medical Center, and their children, who aspire to a professional and/or technical level position within the healthcare field, but are unable to fulfill their goal because they lack the financial means to further their education.

### **Background**

Ciriaco “Jerry” Memmolo, M.D. was a general surgeon on the staff of St. Anthony’s Medical Center in St. Louis, Missouri for five years (from 1997 to 2002). A tragic car accident took his life on September 5, 2002 when he was driving to Anthony’s.

Dr. Memmolo was universally respected and loved by his patients, the medical staff and the employees of St. Anthony’s. His spirit, intellect, sense of humor, work ethic, integrity and strength of character won him the admiration of all. He was especially kind to those less fortunate and always took the time to acknowledge and get to know the hospital’s workers – making himself a friend to housekeeper and nurse alike. His quickness to smile was his trademark. He always conveyed words of encouragement. Jerry’s presence inspired others to do better. He made others happy just to be in his company.

Dr. Memmolo so loved the medical profession. He trained at Massachusetts General Hospital in Boston after graduating from Boston University. With the love and support of his Italian immigrant parents, Dr. Memmolo realized his dream of becoming a physician and surgeon. He completed his surgical residency at St. Louis University in St. Louis, Missouri and joined the staff of St. Anthony’s immediately thereafter. Dr. Memmolo’s skills instantly elevated the medical staff.

Dr. Memmolo honored the medical profession by his exquisite conduct. He honored all people by treating them as Jesus did: “Whatever you did for one of the least of my brothers and sisters, you did for me.” (Matthew 25:45)

Dr. Memmolo’s parents: Rizziero and Asteria Memmolo wanted others to know about the extraordinary life Jerry led. They endowed the Dr. Ciriaco “Jerry” Memmolo Memorial Scholarship in loving memory of Jerry. The values Jerry embodied throughout his life provide the guiding beacon for the mission of the memorial scholarship named for him.