



**Marias Healthcare Services, Inc.**  
**Application for Scholarship**

Name \_\_\_\_\_  
Last Maiden First Middle

Address \_\_\_\_\_  
Street or Box City State Zip

Telephone \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Month/Day/Year

Name of High School you graduated from \_\_\_\_\_  
Date of Graduation \_\_\_\_\_

Name of College/University attending \_\_\_\_\_  
Address of College/University attending \_\_\_\_\_

Course of Study \_\_\_\_\_

Year in which you began your current curriculum \_\_\_\_\_

Anticipated completion date of curriculum \_\_\_\_\_

Number of credits required for degree completion & how many credits you will have completed by the end of your current grading period \_\_\_\_\_

Cumulative GPA (Please attach official transcript) \_\_\_\_\_

Please answer the following essay questions:

1. Why are you choosing the area of medical care identified above?
2. Who has been your greatest influence in pursuing a medical career and why?
3. What do you envision as a successful career in this chosen field?
4. What would you like Marias Healthcare Board of Directors to consider when evaluating your application for this scholarship?

Please list community service projects and/or professional affiliations in which you have been involved in the past three years.

**Please return your application to:**

Marias Healthcare Scholarship Application  
PO Box 990  
Shelby, MT 59474

**Requirements:**

- Enroll in an accredited university/college degree program or preparatory course of study leading into a medical/health care career
- Maintain a GPA of 3.0 or better
- After completion of the first semester provide an official transcript to the address listed above

**Application must be received by 08/15/2012**