

***Donald E. Pizzini Memorial  
Nurse Scholarship Program***

***Montana Health Care Association Scholarship Foundation • Helena, Montana***

***Scholarship Application  
and  
Instructions***

*For more information, contact:*

***Montana Health Care Association Scholarship Foundation***

***36 S. Last Chance Gulch, Suite A • Helena, MT 59601***

***Telephone: 406 443 2876 • Fax: 406 443 4614***

***Website: [www.mthealthcare.org](http://www.mthealthcare.org)***

# ***Donald E. Pizzini Memorial Nurse Scholarship Program***

**Montana Health Care Association Scholarship Foundation • Helena, Montana**

## ***APPLICATION***

Nursing Field of Interest \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

U.S. Citizen  Yes  No Eligible Non-Citizen # \_\_\_\_\_ (Provide Card Copy)

### ***EDUCATION, ACTIVITIES, AWARDS:***

#### **HIGH SCHOOL**

<b>Name/City/State</b>	<b>GPA</b>	<b>Date of Graduation</b>

#### **DEGREE(S) HELD (if applicable)**

<b>College (include name/city/state)</b>	<b>GPA</b>	<b>Date of Graduation</b>	<b>Degree Earned/ Major Field of Study</b>

#### **CURRENT STUDENT STATUS:**

Part Time

Full Time Degree Sought \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

#### **Post secondary education (present college students only):**

<b>Name of School/City/State</b>	<b>GPA</b>	<b>Years Attended (From/To)</b>	<b>Major</b>

List your participation in significant extracurricular, community & personal activities (attach additional pages).

Activity	Office(s) Held	Dates of Participation

Note any honors or awards you have received for scholastic and other achievements.

Award	Date Achieved

List employment (full and part time), volunteer activities (list number of hours volunteered), and internships.

Employer	City/State	Job Title	From/To

Why have you chosen to enter your major field of study? What are your career goals? (250 words or less).

***FINANCIAL DATA***

Estimate your educational expenses per year (tuition, fees, books, supplies, equipment: \$ \_\_\_\_\_  
For how many years? \_\_\_\_\_

Are you now seeking or have you ever received any other financial assistance (scholarship grants, aids, etc.)? If so, please list:

Please include any information about your financial situation that you feel would assist us in evaluating your application:

***RECOMMENDATIONS***

Two recommendations are required from individuals who are familiar with you, such as teachers, mentors, or employers. Recommenders must be able to discuss your scholastic potential, personal qualities, and enthusiasm or passion for the nursing profession. Recommendations from family members will not be accepted. Recommendations may be sent with your application or mailed directly to the Foundation.

Recommenders shall send their recommendation form in a sealed envelope with their signature across the sealed flap to ensure confidentiality of their statements.

*Applications without two letters of recommendation are considered incomplete and will not be reviewed for awards.*

***AGREEMENTS / SIGNATURE***

I certify that the above information is complete, true, and correct to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this application. I have read all scholarship conditions as provided and agree to abide by such.

*Applicant's Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*Equal Opportunity: MHCA Scholarship Foundation awards scholarships without regard to race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.*

# *Application Instructions*

*Please submit the following items in one package. Follow instructions carefully, as failure to do so may be cause for disqualification.*

1. This original application filled out completely and accurately – **please type or print and be sure to sign it.** You may also fill in the Adobe Acrobat application found at [www.mthealthcare.org](http://www.mthealthcare.org) and print it out for submittal. *Note: You will not be able to save this form, so give yourself time to complete it in one sitting.* You may also scan the completed form and submit it via email as long as there is a signature included.
2. An official transcript of your high school grades which includes class rank.
3. An official transcript of any college education completed thus far.
4. Proof of acceptance into an accredited or approved program by your higher education school or college. If you do not have proof of acceptance at the time of application, disbursement of any funds awarded will be contingent on receipt of a letter of acceptance from the college.
5. Two letters of recommendation. *Letters may alternatively be sent directly to the Foundation, but this application will not be considered complete until the letters of recommendation arrive.*
6. You may include any additional information that you feel will be helpful to the committee in the evaluation of your application.

***Mail all application materials to:***

MHCA Scholarship Foundation  
36 S. Last Chance Gulch, Suite A  
Helena, MT 59601

***Direct any questions or comments to:***

Rose M. Hughes, Foundation Coordinator  
Phone (406) 443-2876  
FAX (406) 443-4614  
rhughes@rmsmanagement.com

*September 2010*