

Information Required for Marias Medical Center Auxiliary Scholarship

Eligibility: Graduate of Shelby High School or North Toole County High School, or a MMC or MHSI employee, with a minimum 2.0 GPA, and an intention to pursue a degree in the medical or health care field at an accredited University or College.

Please submit the following information to the Scholarship Committee

1. Completed scholarship application, must be received by April 20, 2012
2. Most recent high school or college transcript, including ACT/SAT scores
3. An essay listing:
 - Any course work or other preparation that you have undertaken or accomplished that may apply directly toward your pursuit of advanced study in a medical or health care field
 - Approximately 200 words stating why this field of study was chosen and why this scholarship should be awarded to you. Information regarding financial need may be included.
4. Three letters of recommendation from individuals (no relatives) in the following groups with significant knowledge of applicant's experience and involvement:
 - Group 1 (2 to 3 letters from this group):
 - * Principal * Advisor * Guidance Counselor * Teacher
 - Group 2 (0 to 1 letter from this group):
 - * Community leader * Minister, etc. * Employer

Post Award Requirements

- Enroll in an accredited university/college degree program or preparatory course of study leading to a medical/health care career
 - Maintain a GPA of 2.5 or higher in all courses
 - Send a transcript of grades upon completion of first semester to
MMC Auxiliary, Attn: Scholarship Committee, PO Box 915, Shelby, MT 59474
- A check for \$1000, full scholarship amount, will be sent to the college or university.

For questions call 406-434-3246

Please return application to
MMC Auxiliary
Attn: Scholarship Committee
PO Box 915
Shelby, MT 59474

Application must be
received by April 20, 2012

Marias Medical Center Auxiliary Scholarship Application

Eligibility: Graduate of Shelby High School or North Toole County High School, or a MMC or MHSI employee, with a minimum 2.0 GPA, and an intention to pursue a degree in the medical or health care field at an accredited University or College.

Name _____

Address _____

Birthdate _____

Phone # _____

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Number of Children in Family _____ Number Attending College _____

Amount of Financial Assistance from your parents for your education :

100% 75% 50% 25% 0%

Amount of Financial Assistance from others (grants/scholarships/social security):

100% 75% 50% 25% 0%

Name of High School Attended _____ Date of Graduation _____

Name of College/University Attending _____

Course of Study _____

Marias Medical Center (MMC) or Marias Healthcare Services Inc. (MHSI)

Employee: Yes No

Years worked at MMC or MHSI _____

Toole County Resident Yes No

Please return your application to:

MMC Auxiliary

Attn: Scholarship Committee

PO Box 915

Shelby, MT 59474

Application must be received by April 20, 2012