

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 2.5 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 5 pm on April 14, 2017
2. Most recent high school or college transcript, including ACT/SAT scores
3. An essay:
 - approximately 250 words, should include any course work or other preparations that you have undertaken or accomplished that may apply directly toward your pursuit of advance study in a medical or health care field.
 - Why did you choose your specific field of study?
 - Why should this scholarship be awarded to you?
 - What are your future plans?
 - Finally, please include information regarding your financial need.
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.
May be either a full time student-12 college credits or part-time student.
 - 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 full scholarship amount will be sent to the college or university.
Scholarships in the amount of up to \$1000 will be given to chosen applicants.

For questions call 406-434-3271

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

Application must be
received by 5 pm on
April 14, 2017

*Marias Medical Center Auxiliary
Scholarship Application*

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Name _____

Address _____

Birthdate _____

Phone # _____

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Number of Children in Family _____ Number Attending College _____

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

Plan to attend as: Part-time student Full-time student (12+ credit hours)

Please return your application to:

MMC Auxiliary

Attn: Scholarship Committee

PO Box 915

Shelby, MT 59474

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