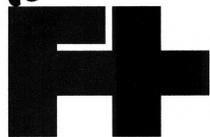


HEALTHCARE CAREER SCHOLARSHIP PROGRAM APPLICATION

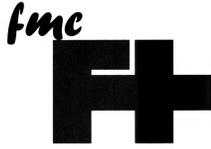
fmc



"Friends Healing Friends"

FALLON MEDICAL COMPLEX

202 South 4th Street West
PO Box 820
Baker, MT 59313-0820
(406) 778-5116



"Friends Healing Friends"

FALLON MEDICAL COMPLEX

HEALTHCARE CAREER SCHOLARSHIP PROGRAM APPLICATION

Healthcare Field of Interest _____ Date _____

Name _____ Phone _____

Address _____ City/State _____ ZIP _____

E-Mail Address _____ Website _____

US Citizen: _____ Yes _____ No _____ Eligible Non-Citizen # _____ (Provide a card copy).

High School _____ City/State _____

Cumulative GPA _____ Date of Graduation _____

College _____ City/State _____

Cumulative GPA _____ Date of Graduation _____

Major Field of Study _____

Student Status: _____ Full Time _____ Part Time _____ Degree Sought _____

Post secondary education (present college students only):

Name of School	City/State	Years Attended From/To	Major

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

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 healthcare profession. Recommendations from family members will not be accepted. Recommendations may be sent with your application or mailed directly to Friends of FMC Foundation.

If they so choose, recommenders may 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. All application materials, including letters of recommendation, must arrive at the Friends of FMC Foundation offices no later than the last day of February of each year that the scholarship is offered.

AGREEMENT/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: Fallon Medical Complex 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:

1. This original application filled out completely and accurately – **please type or print.**
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.
5. Two letters of recommendation. Letters may alternatively be sent directly to Friends of FMC Foundation, but this application will not be considered 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.
7. **All application materials, including letters of recommendation, must arrive at the Friends of FMC Foundation offices no later than the last day of February of each year that the scholarship is offered.**

Mail all application materials to:

Friends of FMC Healthcare Career Scholarship Program
P.O. Box 820
Baker, MT 59313-0820

Direct any questions or comments to:

Karol Zachmann, Foundation Coordinator
Phone (406) 778-5116
FAX (406) 778-2488
kazachma@fallonmedical.org



RECOMMENDATION FORM FOR: _____
(Applicant's Name)

To the Recommender: The Friends of FMC Healthcare Career Scholarship Program is designed to facilitate the development of an educated healthcare workforce. Scholarships of up to \$1,000 will be awarded to students who best exhibit the following attributes:

- a) Academic achievement
- b) Healthcare involvement
- c) Enthusiasm or passion for a career in healthcare

Applicants are required to submit two confidential letters of recommendation from individuals familiar with the applicant, such as teachers, mentors, or employers.

Please complete this form, keeping in mind this applicant's qualification for the scholarship based on the three qualities mentioned above. Then return the completed recommendation form either to the applicant or send it directly to Friends of FMC Healthcare Career Scholarship Program, PO Box 820, Baker, MT 59313-0820. If you would like to submit this form confidentially, you may place it in an envelope and sign your name across the sealed envelope flap. This letter of recommendation must arrive at the Friends of FMC Foundation offices no later than the last day of February of each year that the scholarship is offered.

We appreciate your taking the time to complete this recommendation on behalf of the applicant.

Recommender's Name _____ Title _____

Relationship to the Applicant _____

How long and in what capacity have you known the applicant? _____

Why should the applicant be considered for this scholarship?

How has the applicant shown an interest in healthcare?

What qualities does the applicant have which indicate an ability to succeed in the healthcare field?

Other information about the applicant that you feel may be pertinent to this application:

Recommender's Signature

Date



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(Applicant's Name)

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