

MONTGOMERY COUNTY MEMORIAL HOSPITAL AUXILIARY STUDENT SCHOLARSHIP APPLICATION

General information

1. Scholarships are open to any graduating high school senior residing in Montgomery County, Iowa.
2. Two \$500.00 one-time (non-renewable) scholarships will be awarded.
3. The recipient must plan on majoring in a healthcare related field.
4. The recipient must plan to attend an accredited college, university, or trade school.
5. Payment will be made to the recipient after proof of registration for their second semester is received by our organization. The scholarship may be used for tuition or textbooks. The recipient will be responsible for getting this information to us.
6. Include a high school transcript with this application.
7. All information on this application will be treated confidentially.
8. Application must be postmarked by **the deadline of April 1st.**
9. **Mail completed application to:** Mrs. Shirley Koppen
c/o MCMH Auxiliary
2559 K Ave
Red Oak, IA 51566

DO NOT email applications please.

**MONTGOMERY COUNTY MEMORIAL HOSPITAL AUXILIARY STUDENT SCHOLARSHIP
APPLICATION**

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Home telephone: _____ Cell phone: _____

High School: _____ GPA : _____

School you plan to attend next year: _____

School's address: _____

Have you been accepted? _____

What health field of study or training do you plan to pursue? _____

List activities in which you participated in during high school and any offices held. (Include both community and school activities) Attach a separate sheet if needed:

Are there any unusual financial circumstances which your family is facing that you would like to have the selection committee to consider? (All information will be held in the strictest confidence.)

Attach a short essay, not to exceed one page, explaining why you are interested in the healthcare field and deserving of this scholarship and what you would like to be doing five years after graduation.

