

## **MMH VOLUNTEER HEALTH CARE STUDENT SCHOLARSHIPS**

### **GUIDELINES FOR SCHOLARSHIP:**

1. Acceptance by an accredited Health Care Program required.
2. Documented academic excellence (accumulative GPA of 3.0 or higher) required, including copies of most recent transcripts.
3. Minimum of two professional or academic references required. (Excludes family members and friends)
4. Application accepted but not given priority to current MMH employees.
5. Previous health care experience and community service considered.
6. Financial need considered.
7. Re-application required for each semester, including items listed above.
8. Only fully completed applications will be considered.
9. Applicants must be entering their 2<sup>nd</sup> year or above in an accredited college.

Applications will be accepted through February 7, 2022. The Scholarship Committee reserves the right to require personal interviews for initial or subsequent applications. Interviews for selected applicants will be held after February 7, 2022, if required. All applicants will be notified by February 21st of their status.

For additional information or applications, please contact the MMH Volunteer Services 434-8275 or stop by the Director of Volunteer Services office, 1224 8<sup>th</sup> Street, Suite #15, Rupert ID. MMH Volunteer Services does not discriminate on the basis of race, sex, religion, national origin, age, or disabilities.



scholarships)

Source \_\_\_\_\_ Amount\$ \_\_\_\_\_

Source \_\_\_\_\_ Amount\$ \_\_\_\_\_

ACADEMIC INFORMATION

High School \_\_\_\_\_ Location \_\_\_\_\_

Year Graduated \_\_\_\_\_ G.E.D. \_\_\_\_\_ High School GPA \_\_\_\_\_

Do you hold a higher education degree? Yes ( ) No ( ) Type: Associate \_\_\_\_\_ Bachelors or higher \_\_\_\_\_

In what field do you hold a state license or certification? \_\_\_\_\_ Which state? \_\_\_\_\_

List all educational institutions you have attended since high school (including present attendance and credits earned):

**Transcripts are required from educational institutions attended in the last 5 years**

<u>School</u>	<u>City &amp; State</u>	<u>Total Credit Hrs.</u>	<u>Dates(from&amp;to)</u>
<u>GPA</u> <u>Degree</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been accepted to a medical field program? Yes ( ) No ( ) College/ University \_\_\_\_\_

How many credits do you intend to take next semester? \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Explain how the educational program you have chosen fits into your career goals.

Short-range goals:

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Long-range goals:

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List special abilities or community activities in which you have taken part, using an additional sheet, if necessary: \_\_\_\_\_

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Three academic or professional references (Excludes family members and friends) See reference forms attached:

*Please deliver in person or mail to MMH Volunteers, 1224 8<sup>th</sup> Street, Suite #15  
Rupert, ID 83350 in care of Volunteer Services*

This must be received in the Volunteer office no later than February 7, 2022

Dear \_\_\_\_\_

I am applying for an Education Scholarship from the Minidoka Memorial Hospital Volunteer Services. The Scholarship will be based on financial need, personal goals, and potential value to my profession, the hospital and the community. As a reference, you have my authorization to give the information requested below.

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Scholarship Applicant's Name Printed	Scholarship Applicant's Signature
Date	

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How long have you known the applicant? Years \_\_\_\_\_

In what clinical capacity?

Please comment on the applicant in the appropriate categories:

Rating of job performance, emotional maturity & stability:

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Resourcefulness & Initiative:

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Integrity, Dependability and Serious of Purpose:

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Please feel free to use the back of this sheet to expand on any category, or to provide additional information you feel would be of value to the Scholarship Committee.

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Reference Name Printed

Date 11/15/18

Reference Signature