

MMH VOLUNTEER HEALTH CARE STUDENT SCHOLARSHIPS

GUIDELINES FOR SCHOLARSHIP:

1. Acceptance by an accredited college required. Preference will be given to applicants seeking a degree in a health related field or approved certification course.
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 2nd year or above in an accredited college.

Applications will be accepted through February 6, 2023. The Scholarship Committee reserves the right to require personal interviews for initial or subsequent applications. Interviews for selected applicants will be held after February 6, 2023, if required. All applicants will be notified by March 1st, 2023 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 8th Street, Suite #15, Rupert ID. MMH Volunteer Services does not discriminate on the basis of race, sex, religion, national origin, age, or disabilities.

MMH VOLUNTEERS

Health Care Professional Scholarship Application

Date: _____

Name _____

Last Name

First

Middle

Mailing Address _____

Street

Town

Zip Code

Date of Birth _____ E-Mail _____

Telephone Numbers: Week Day (Before 5PM) _____ After 5PM _____

Are you presently employed at MMH? Yes () No () If yes, for how long?

Are you presently volunteering at MMH Yes () No () If yes, how many hours _____

Present position at MMH _____ Department _____ Ex. _____

Other hospital departments where you have worked or volunteered, and

position(s): _____

Other healthcare experience:

Other employment, if any: Position _____ Employer: _____

Address _____ Annual Salary\$ _____

Number of dependents for which applicant is responsible: _____

Name & Relationship

Age

Do they attend School?

Yes () No ()

Yes () No ()

Yes () No ()

Yes () No ()

Any Financial assistance available to you while you are in school? (Include grants and 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>GPA</u> <u>Degree</u>	<u>City & State</u>	<u>Total Credit Hrs.</u>	<u>Dates(from&to)</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:

Long-range goals:

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

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

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

This must be received in the Volunteer office no later than February 6, 2023

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.

Scholarship Applicant's Name Printed
Date

Scholarship Applicant's Signature

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:

Resourcefulness & Initiative:

Integrity, Dependability and Serious of Purpose:

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.

Reference Name Printed

Date 11/15/18

Reference Signature