## 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 2<sup>nd</sup> year or above in an accredited college.

Applications will be accepted through February 5, 2024. The Scholarship Committee reserves the right to require personal interviews for initial or subsequent applications. Interviews for selected applicants will be held after February 5, 2024, if required. All applicants will be notified by March 8<sup>th</sup> 2024 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, Applications are also available at the Minidoka Memorial Volunteer gift shop and on our website at <a href="https://www.minidokamemorial.org">www.minidokamemorial.org</a>.

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 Mailing Address	First	Middle
Street	Town	Zip Code
Date of Birth	E-Mail	
Telephone Numbers: Week Day (I	Before 5PM)	After 5PM
Are you presently employed at M	MH? Yes() No() If y	res, for how long?
Are you presently volunteering at	MMH Yes ( ) No ( ) If y	es, how many hours
resent position at MMHEx		
Other hospital departments where	you have worked or vol	lunteered, and
position(s):		
Other healthcare experience:		
Other employment, if any: Position		 Employer:
Address		Annual Salary\$
Number of dependents for which a	applicant is responsible:	
Name & Relationship	Age	Do they attend School?
		Yes ( ) No ( )
		Vag ( ) Na ( )

		Yes ( )	No ( )
		Yes ( )	No()
Any Financial assistance scholarships)	ee available to you while	you are in school? (Incl	ude grants and
Source		Am	nount\$
	ACADEMIC INFO	<u>DRMATION</u>	
High School			Location
Year Graduated	G.E.D		High School
Do you hold a higher ed	ducation degree? Yes ( )	No ( ) Type: Associate_	Bachelors
or higher			
	o you hold a staWhich state?		ertification?
attendance and credits e	etitutions you have attenderned):  uired from educational in	-	
School GPA Degree	City & State	Total Credit Hrs.	Dates(from&to)
Have you been accepte University	ed to a medical field pr —	ogram? Yes ( ) N	No ( ) College/
How many credits do :	you intend to take next	semester? Exp	pected Graduation

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:	
Two academic or professional references (Exclureference forms attached:	udes family members and friends) See
Please deliver in person or mail to MMH Volunt Rupert, ID 83350 in care of Volunteer Services	teers, 1224 8 <sup>th</sup> Street, Suite #15
This must be received in the Volunteer office no	later than February 5, 2024
I am applying for an Education Scholarship from Volunteer Services. The Scholarship will be bas potential value to my profession, the hospital an have my authorization to give the information re	sed on financial need, personal goals, and d the community. As a reference, you
Scholarship Applicant's Name Printed Date	Scholarship Applicant's Signature
How long have you known the applicant? Years	5

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 09/11/2023  Reference Signature