



Marias Healthcare Services, Inc.

Application for Scholarship

Name _____
Last Maiden First Middle

Address _____
Street or Box City State Zip

Telephone _____ Birthdate _____
Month/Day/Year

Name of High School you graduated from _____

Date of Graduation _____

Name/address of College/University Attending _____

Course of Study _____

Year in which you began your current curriculum _____

Anticipated completion date of curriculum _____

Number of credits required for degree completion and how many credits you will have completed by the end of your current grading period _____

Cumulative GPA (please attach official transcript) _____

Please answer the following essay questions:

- 1) Why are you choosing the area of medical care identified above?
- 2) Who has been your greatest influence in pursuing a medical career and why?
- 3) What do you envision as a successful career in this chosen field?
- 4) What would you like Marias Healthcare Board of Directors to consider when evaluating your application for this scholarship?
- 5) Please provide a statement of need and include other scholarship monies that you have been awarded.

Please list community service projects and/or professional affiliations in which you have been involved in the past three years.

Please return your application to:

Marias Healthcare Scholarship Application
Box 990
Shelby, MT 59474

Requirements:

- Enroll in an accredited university/college degree program or preparatory course of study leading into a medical/health care career
- Maintain a GPA of 3.0 or better
- After completion of the first semester provide an official transcript to the address listed above.
- Parttime student - less than 12 credits : \$250 scholarship
- Full time student: \$500 scholarship

Application must be received by August 15th