

# COMMUNITY MEDICAL CENTER FOUNDATION

## E. W. Lister Scholarship

2827 Fort Missoula Road

Missoula, MT 59804

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### GENERAL INFORMATION

The E.W. Lister Scholarship of \$500.00, funded by Community Medical Center Foundation is awarded to a Community Medical Center employee.

### ELIGIBILITY

Eligibility of this award is limited to employees who are interested in continuing their education. Employees must be enrolled or plan to enroll in an accredited school or program. Employees must maintain their employment with Community Medical Center both during their schooling and after its completion.

### PURPOSE

The purpose of this scholarship is to assist employees who wish to continue or upgrade their education. This scholarship is designed to be awarded to employees who have exhibited a high degree of motivation and achievement in their work with Community Medical Center.

### DISPOSITION

Scholarships will be paid directly to the school or program indicated by the recipient upon satisfactory evidence of acceptance. The award will be applied to the student's tuition.

### APPLICATION

Applications must be completed and submitted to the Community Medical Center Foundation by **Thursday, March 6, 2008** along with two (2) recommendations, one of which must be the applicant's supervisor.

### SELECTION

All applications will be reviewed and recipients selected by the Community Medical Center Foundation scholarship committee.

### PRESENTATION OF AWARD

Scholarship recipients will be notified by the Foundation and will be expected to submit written acceptance within 10 days to the Community Medical Center Foundation. The recipients will be invited to accept the award at the Community Medical Center Foundation Awards Ceremony.

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# E.W. LISTER SCHOLARSHIP APPLICATION

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(please type)

I. Personal Information

Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

II. Academic Information

List highest degree earned \_\_\_\_\_

Other schools attended or currently attending \_\_\_\_\_

\_\_\_\_\_

III. Memberships:

List by name, participation in community organizations and activities in the last five (5) years that you feel show your special interests.

IV. Honors:

List by name, specific achievements that you feel help qualify you for this award.

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E.W. LISTER SCHOLARSHIP APPLICATION**

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V. Employment:

List by name, year and length of employment any jobs you have held in the health care field and with Community Medical Center.

VI. In a short essay of approximately 200 words, clearly state what education goals/plans you are considering and why you chose that field.