

# COMMUNITY MEDICAL CENTER FOUNDATION

## High School Scholarship

2827 Fort Missoula Road

Missoula, MT 59804

With the help of friends, the Community Medical Center (CMC) Foundation is offering scholarships of \$500.00 to \$1,000.00 each to graduating high school seniors who plan to pursue a career in health care. **APPLICANTS MUST CHOOSE WHICH CATEGORY THEY ARE APPLYING FOR.** Available categories are: 1) **Medical Related Field** (medical technology, radiology, clinical laboratory, medical records, respiratory therapy, physical therapy, occupational therapy, audiology therapy, pharmacy, social work, clinical psychology or other medical/technical fields); 2) **Nursing** (LPN or RN); or 3) **General Medicine** (physician/dentistry). Scholarships will be awarded according to the discretion of the CMC Foundation Scholarship Committee. Graduating seniors at the following high schools are welcome to apply: Big Sky, Frenchtown, Hellgate, Loyola-Sacred Heart, Seeley-Swan, Sentinel and Valley Christian.

### ELIGIBILITY

Eligibility is limited to students who are interested in a career in the health care field. Students wishing to pursue a career in general medicine must have a 3.6 GPA. Students interested in other careers must possess a minimum 3.0 grade point average, and have applied to or be in the process of applying to an accredited college, university or post-secondary school.

### PURPOSE

The purpose of these scholarships is to provide financial assistance to qualified students who have exhibited a high degree of motivation in school, who have participated in both school and community service activities and who wish to pursue a career in health care.

### APPLICATION

Applications must be completed by the student and signed by the parent/guardian and student. Also required are a **transcript** and **two recommendations** from individuals familiar with the applicant, such as teachers or employers, who can discuss the applicant's scholastic potential and personal qualities. **Completed applications, an official transcript and recommendation letters must be submitted to the Foundation before 5pm, Thursday, March 6, 2008.**

### DISPOSITION

Scholarships will be paid directly to the college, university, or post-secondary school indicated by the recipient upon satisfactory evidence of acceptance. The award will be applied to the student's tuition, fees or books.

### SELECTION

All applications will be reviewed and recipients selected by the CMC 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 and their parents will be guests of Community Medical Center Foundation at an Awards Ceremony in the spring.

# COMMUNITY MEDICAL CENTER FOUNDATION

## High School Scholarship Application

**I. APPLICATION CATEGORY: (CHECK ONE)**

- Medical Related Field** (medical technology, radiology, clinical laboratory, medical records, occupational therapy, respiratory therapy, physical therapy, audiology therapy, pharmacy, social work, clinical psychology or other medical/technical fields)
- Nursing** (RN/LPN)
- General Medicine** (physician/dentistry)

(please type)

**II. Personal Information**

Date \_\_\_\_\_

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

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

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

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

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian *Signature* \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**III. Academic Information**

Graduation Date \_\_\_\_\_

High School Attending \_\_\_\_\_

Cumulative Grade Point Average (to date) \_\_\_\_\_

ACT and/or SAT score, if available (specify which) \_\_\_\_\_

Honor Classes Taken:

Advanced Placement Classes Taken:

**COMMUNITY MEDICAL CENTER FOUNDATION  
HIGH SCHOOL SCHOLARSHIP APPLICATION**

**Page Two**

**IV. Memberships/Honors/Awards/Participation in school activities:** List by name and by year (9th through 12th grades).

**V. Employment:**

List by name, year and length of voluntary or paid employment you have had during high school.

**VI. Future Plans:**

What colleges, universities, or other post-secondary schools are you applying to?

Why did you choose these programs?

Proposed Major:

**VII. In a short essay of approximately 200 words, explain why you are interested in a health care career.**

**VIII. Is there anything else you would like the committee to consider in making their decisions?**