

Shoshone Medical Center Foundation Scholarship Application



Any student who has, or will, graduate from a Shoshone County high school and plans to pursue a career in any health-related field is eligible to apply for this scholarship. A maximum of four scholarships are awarded each May by the SMC Foundation Board of Directors, for a second semester scholarship in the amount of \$500.

The students must maintain a 2.5 GPA or higher and be registered as a full-time student in order to receive the money for the second semester. The recipient must provide the SMC Foundation with a transcript as well as proof of full-time registration before the money is sent directly to the college. Online colleges are accepted as long as the student meets the GPA and full-time registration requirements.

General Information:

Full Name: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____

Father/Guardian: _____ Occupation: _____

Mother/Guardian: _____ Occupation: _____

Are you currently in high school? Y _____ N _____ College? Y _____ N _____

Name of high school: _____

High school GPA (**attach current transcript**) _____

Graduation date: _____

College, university or trade school you plan to attend or currently attend: _____

Type of healthcare field you wish to pursue: _____

Have you applied? Y_____ N_____

Have you been accepted? Y_____ N_____

How will you finance your education: _____

Work Experience:

<u>Position</u>	<u>Employer</u>	<u>Dates of Employment</u>	<u>Duties</u>
-----------------	-----------------	----------------------------	---------------

Extra Curricular Activities:

Extra curricular school activities (sports, clubs, etc.) and any positions of leadership which you have held:

_____	_____
_____	_____
_____	_____

Our SMC Foundation feels that community service is very important. What have you given back to your community?

School/community honors and awards:

Goals:

Please attach a summary of your education goals, career interests, contributions you hope to make to society by continuing your education in the healthcare field. You may also include any extenuating circumstances the scholarship committee should be aware of and why you should be considered for the Shoshone Medical Center Foundation Betty Ableman Scholarship.

Please attach two letters of recommendation from persons outside your family. One letter must be from a teacher or other faculty member of your school.

Signature _____ Date _____

*Please return completed applications to:
Shoshone Medical Center Foundation, Attn: Ashlee Myles, 25 Jacobs Gulch, Kellogg, ID 83837
Director cell phone: 208.512.0706 Email: amyles@shomed.org*

*Applications will not be considered if they are incomplete or if they are received after the due date of **April 15, 2019.***