



### Shoshone Medical Center Foundation Betty Ableman 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.

**In order to receive the money for the second semester, the students must:**

- Maintain a 2.5 GPA or higher
- Be registered as a full-time student
- Provide the SMC Foundation with a transcript
- Provide proof of full-time registration

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:

\_\_\_\_\_

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:** Position, Employer, Dates of Employment, Duties

---

---

**Extracurricular Activities:** Extracurricular school activities (sports, clubs, etc.)

---

---

**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 and 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 (2) letters of recommendation from persons outside your family. One letter *must* be from a teacher or other faculty member of your school.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed applications to:  
Shoshone Medical Center Foundation,  
Attn: Adilynn Flanagan,  
25 Jacobs Gulch Rd., Kellogg, ID 83837  
Director phone: 208.782.1221 Ext 556  
Email: [aflanagan@shomed.org](mailto:aflanagan@shomed.org)

**Applications will *not* be considered if they are incomplete or if they are received after the due date of  
April 15, 2024.**