

APPLICATION

SHOSHONE MEDICAL CENTER FOUNDATION SCHOLARSHIP

A scholarship will be awarded by the Foundation in May. It will be paid either to the recipient or to the college at the beginning of the second semester of the freshman year or the second semester of the current year you are attending college upon receipt by the Foundation of second semester registration.

Applications should be submitted no later than April 15 to:
Shoshone Medical Center Foundation
Scholarship Committee
Jacob's Gulch
Kellogg, ID 83837

ELIGIBILITY: Any student who graduates from a Shoshone County High School and plans to pursue a higher education in a health related field
or
Any Shoshone County High School graduate who is currently enrolled in a school of higher education in a health related field.

PERSONAL
INFORMATION:

Name: _____ Age _____

Home address: _____

Father's name: _____

Address: (if different) _____

Occupation: _____ Employer: _____

Mother's name: _____

Address: (if different) _____

Occupation: _____ Employer: _____

List ages of brothers and sisters dependent on parents:

SCHOLASTIC
INFORMATION:

School Currently Attending: _____

High School GPA: _____

Career Goals: _____

Colleges applied to: _____

Colleges accepted by: _____

College currently attending (if applicable)

College GPA (if applicable) _____

ACTIVITIES:

List school activities: _____

List community activities: _____

FINANCIAL
INFORMATION:

What is the combined annual income of your family:

\$ _____

Please indicate any circumstances concerning your families Financial situation which might be pertinent to this application.

If you are currently involved in a program, what financial assistance are you receiving.

REFERENCES:

Please attach two letters of recommendation from either high school faculty members or faculty members of the institution you are currently attending.

SIGNATURE OF APPLICANT: _____

DATE: _____