



## **Hearts & Hands–Pioneer Medical Center 2018 Scholarship**

Hearts & Hands Hospice and Pioneer Medical Center will be awarding a \$1000.00 scholarship to one student planning to pursue a career in the healthcare field.

The scholarship award is intended for educational use billed by the college or university (i.e., tuition, fees, books, on-campus room and board). The award check is mailed directly to the winner's school upon written verification of enrollment. It is the responsibility of the winner to present the verification to the Treasurer of Hearts and Hands Hospice by September 1, 2018 before any money will be paid out.

The award money must be used within the next academic year.

Hearts and Hands Hospice Board member's children are not eligible for this scholarship.

### **QUALIFICATIONS FOR APPLICANTS**

1. Be a resident of Sweet Grass County
2. Plan to declare a major in the health-care field (or have already done so)

### **REQUIREMENTS FOR APPLICANTS**

1. Must have an overall 2.5 GPA, based on a 4.0 Scale
2. Must be a graduating high school senior or a student currently enrolled in a junior college, 4 year college or university
3. Must have demonstrated scholarship, leadership, and outstanding performance

# 2018 APPLICATION

## Hearts & Hands–Pioneer Medical Center Scholarship

### **Part A**

To be filled out by the applicant. This application must be signed to indicate that the information is current and complete. Please print information. If more space is needed to complete any items, use blank paper and indicate item number.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parents or Guardian (if applicable)  
\_\_\_\_\_

1. Name of college or university in which you are currently enrolled or plan to enroll:

2. List your major field of study:

3. Honors & Awards (scholastic and community) that you have received:

4. Church, Community, and Service Organization Activities:

5. Employment History (Last 3 years):

IT IS UNDERSTOOD THAT:

1. This award will be based primarily on scholastic achievement, citizenship, and overall performance. Financial need will not be considered.
2. I am currently a student at a college or university and plan to continue enrollment during the next academic year, or I plan to enroll as a new student for the next academic year.

APPLICANT'S SIGNATURE:

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**PART B**

To be provided by applicant: OFFICIAL TRANSCRIPT to include current GPA.

**Part C**

Please provide an essay of not more than 250 words explaining your chosen field of study, and how you hope to contribute to the health-care field.

**Part D**

Please provide two letters of recommendation from an adult (non-family member) stating why this applicant is deserving of this scholarship award.

**PLEASE SEND THE COMPLETED APPLICATION (Parts A, B, C, D)  
by April 6, 2018 to:  
Hearts & Hands Hospice–Pioneer Medical Center Scholarship  
PO Box 1337  
Big Timber, MT 59011**

