

**BIG HORN MEMORIAL HOSPITAL AUXILIARY
APPLICATION FOR SCHOLARSHIP
COLLEGE/ADVANCED EDUCATION
IN A MEDICAL DEGREE COMPLETION PROGRAM**

SCHOLARSHIP: A \$1,000.00 scholarship is being awarded by the Big Horn Memorial Hospital Auxiliary to a chosen applicant. Disbursement is made directly to the college.

PURPOSE: The purpose of the scholarship is to provide financial assistance to a graduate from a Big Horn County high school who is accepted into a medically oriented degree program at the collegiate level.

ELIGIBILITY: Any prior graduate of a Big Horn County high school who is entering the college junior level or above and is accepted into a medically oriented degree completion program with a grade point average of 3.0 or above, may apply for the Auxiliary Scholarship. Applicants must be accepted into a degree completion program by an accredited institution.

REQUIREMENTS FOR APPLICATION:

1. Written verification of graduation from a Big Horn County High School.
2. Written verification of acceptance into a degree completion program at an accredited college.
3. A transcript of prior college grades.
4. 3 written recommendations
5. A written narrative, which specifically addresses applicants: information about degree program being pursued, career and life goals, personal accomplishments, personal interests, family, financial need.
6. Completed application face sheet

DEADLINE: Applications must be complete (including the attached cover sheet and all requirements for application listed above) and received no later than 5:00 PM, June 1, 2023.

Should you have questions or need clarification please contact Donna Stricker at 665-2329.

Applications must be delivered to:
Big Horn Memorial Hospital Auxiliary
c/o: Big Horn Memorial Hospital
17 N. Miles Ave.
Hardin, Montana 59034
ATTN: SCHOLARSHIP COMMITTEE

**BIG HORN MEMORIAL HOSPITAL AUXILIARY
COLLEGE SCHOLARSHIP IN A MEDICAL DEGREE
COMPLETION PROGRAM
APPLICATION FACESHEET**

NAME OF APPLICANT:

Student Address:

Phone:

PARENT/GUARDIAN NAME:

Parent/Guardian Address:

Phone:

DEGREE COMPLETION PROGRAM BEING PURSUED:

COLLEGE/EDUCATIONAL INSTITUTION ATTENDING:

SCHOOL OFFICE ADDRESS:

ESTIMATED EXPENSES FOR UPCOMING SCHOOL YEAR: TOTAL: _____

TUITION:

STUDENT FEES:

BOOKS:

OTHER (specify):

REQUIREMENTS FOR APPLICATION:

1. Written verification of graduation from a Big Horn County High School.
2. Written verification of acceptance into a degree completion program at an accredited college/institution of advanced education.
3. A transcript of college grades.
4. 3 written recommendations
5. A written narrative which specifically addresses applicant's: information about degree program being pursued, career and life goals, personal accomplishments, personal interests, family, financial need.
6. This application cover sheet

NOTE:

***Complete application must be received no later than 5:00 PM on June 1, 2023
A complete application consists of this cover sheet along with all requirements listed above. Mail/Deliver completed application to:***

Big Horn Memorial Hospital Auxiliary

c/o: Big Horn Memorial Hospital

17 N. Miles Ave.

Hardin, Montana 59034

ATTN: AUXILIARY SCHOLARSHIP COMMITTEE