



1106 North 30<sup>th</sup> Street • Billings, MT 59101 • 406-237-3600

## Healthcare Career Scholarship Application

Name: First/Middle/Last	Email Address
Address	City/State/Zip
Permanent Phone #	Cell Phone #
Sibling(s): Name(s) and Age(s)	

### **EDUCATION, ACTIVITIES, AWARDS:**

**HIGH SCHOOL** – Currently a high school senior? Yes  No

Name/City/State/County	Date of Graduation	GPA

**POST-SECONDARY EDUCATION** (Current or Future Plans) – Currently a post-secondary student? Yes  No

Name/City/State	Major/Field of Study	Yrs. Attended - Dates

### **WORK EXPERIENCE**

Employer/City/State	Position	From/To

### **VOLUNTEER ACTIVITIES**

Activity/Position	Organization	Dates of Participation

**AWARDS** (List the most important awards or honors received for scholastic or other achievements)

Award/Honor	Date Achieved

**SCHOOL ACTIVITIES**

Activity	Dates of Participation

**FINANCIAL INFORMATION**

Annual cost of TUITION? \_\_\_\_\_ BOOKS? \_\_\_\_\_ ROOM AND BOARD? \_\_\_\_\_

**How will your college education be financed?**

Source (Self, Family, Grants, Scholarships, Financial Aid, Other)	Amount

**Scholarships, grants and/or financial aid received from other sources for the 2015-2016 school year.**

Name of Scholarship/Grant/Financial Aid	Amount

***\*If you are currently receiving a Nelles Nurse Scholarship, you are not eligible to receive a Healthcare Career Scholarship***

**ESSAY**

On a separate page, please complete a 300 word essay addressing your accomplishments, financial need, and why you have chosen a career in healthcare (including your future plans).

**RECOMMENDATIONS**

Three letters of recommendation are required from individuals who are familiar with you, such as a teacher, counselor, employer, etc. Each recommendation letter must be received in a **SEALED** envelope with the signature of the individual writing the reference across the seal of the envelope. *Recommendations from family members will **not** be accepted.*

**I certify that the information provided is complete and accurate to the best of my knowledge.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Checklist:**

- Completed, Typed and Signed Application
- Essay
- 3 Letters of Recommendation
- Official High School Transcript (not required if you have a post-secondary education transcript).
- Official Transcript of any Post-Secondary Education Completed

Send in **ONE** package to:

St. Vincent Healthcare Foundation  
 Attn: Emily K. Brown  
 1106 North 30<sup>th</sup> Street  
 Billings, MT 59101

**Must be postmarked by April 1. Late, handwritten or incomplete applications will NOT be considered. Scholarship recipients will be notified by mid-May of the current year.**