

## **NEWS RELEASE**

**The Central Montana Medical Center (CMMC) Auxiliary announces that applications for scholarships in health related fields are currently being accepted. The scholarships are awarded annually to individuals from Central Montana (Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, and Wheatland counties). Applicants must have completed one (1) year of college in a health related field, or who can demonstrate comparable work experience and who are likely to return to Central Montana to work in that field after school. The scholarships are awarded based on personal goals, academic potential and financial need.**

**Application forms are available in the Financial Aid Offices of the State's colleges, universities and Vo-tech centers. Forms are also available at the CMMC Patient Accounts Department, 408 Wendell Ave., Lewistown MT 59457.**

**Deadline for submission of completed forms is May 1, 2018**

**CENTRAL MONTANA MEDICAL CENTER AUXILIARY  
SCHOLARSHIP APPLICATION**

The CMMC Auxiliary Scholarship is open to residents of Central Montana (Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, and Wheatland counties) who have completed one year of college in a health related field, or who can demonstrate comparable work experience, and who are likely to return to Central Montana to work in that field after school.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Mailing Address (if different) \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_

Date of High School Graduation \_\_\_\_\_

Name of High School \_\_\_\_\_ Address \_\_\_\_\_

GPA \_\_\_\_\_ SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_

Are you currently enrolled in college? \_\_\_\_\_

Name of College \_\_\_\_\_ Address \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

Degree of Certification sought? \_\_\_\_\_ Year \_\_\_\_\_

If you are not currently enrolled, when do you plan to do so? \_\_\_\_\_

Where \_\_\_\_\_

Please list any other schools you have attended, not listed above, with dates, classes taken and grade attained (attach additional sheets, if necessary) \_\_\_\_\_

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**PERSONAL STATEMENT**

Please attach a supplementary statement giving information that will assist the selection committee in evaluating your application based on the criteria of academic achievement, academic potential, personal goals and financial need. Your statement may include, but should not be limited to the following:

1. Information regarding your plans for the future.
2. Any work experience you have had in health related fields. Provide name of employers, dates of employment, and duties of the position.
3. A list of awards, scholarships (including CMMC Auxiliary ones) and grants you have received and the dates you received them.
4. Any school, church and/or community activities in which you have participated.
5. Goals in the health care field; including where you plan to work, and when do you anticipate achieving these goals?
6. A statement regarding why you require financial assistance.

Please be as specific as possible. Scholarships will be awarded based on the information submitted.

**REFERENCES:**

Each application must be accompanied by two (2) letters of recommendation from persons not related to you. If you are unable to include the letters at the time the application is submitted, they may be mailed to the address specified below. It is your responsibility to assure that they are received no later than the deadline for submission of applications (May 1, 2018).

Applications that do not include two (2) letters of recommendation WILL NOT be considered by the selecting committee.

Name and address of persons who will be providing letters of recommendation:

1. \_\_\_\_\_
2. \_\_\_\_\_

Letters of recommendation should include your name, as well as the name, address, telephone number, and occupation of the individual submitting the letter. The writer should also include a statement regarding his/her opinion of your academic and personal achievement, character and any other information which addresses the selection criteria.

All information submitted will be kept confidential.

All applicants will be notified of the selection(s) of the committee.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Submit completed applications to Central Montana Medical Center, Patient Accounts Office (ATTN: Scholarship Committee), 408 Wendell Avenue, Lewistown, Montana, 59457 postmarked no later than May 1, 2018