



Powell Medical Foundation

Scholarship Application

Due March 1

The Powell Medical Foundation scholarship will be awarded to students who reside within the Powell Hospital District and are planning careers related to health care. Two (2) \$1,000 scholarships will be awarded yearly.

TO BE CONSIDERED FOR THIS SCHOLARSHIP, APPLICANTS MUST SUBMIT THE FOLLOWING:

1. The most recent transcript from the educational institution you are currently attending.
2. A completed application form, including required attachments. (Application form is on the back of this page)

APPLICANTS WILL NOT BE CONSIDERED IF THE ABOVE REQUIREMENTS ARE NOT MET.

Scholarships will be awarded based on:

1. Financial need.
2. Interest demonstrated by the applicant in health delivery care.
3. Ability to meet the scholastic requirements of the course of study.

Complete application forms must be submitted to the Powell Medical Foundation by March 1 of each year. The scholarship committee will meet to review the applications and will present their recommendations to the Powell Medical Foundation Board. Successful applicants will be notified by the Scholarship Committee. The applicant will notify the committee of acceptance into the college of choice and request payment. A check will be sent by the Foundation to the college the student is attending.

Application forms can be obtained from the Powell Medical Foundation Office located at Powell Hospital, online at www.pvhc.org (Click on Powell Medical Foundation), and from the guidance office at Powell High School. Online application may be made at Northwest College (www.northwestcollege.edu).

APPLICATION DEADLINE:

MARCH 1

SUBMIT APPLICATION TO:

**POWELL MEDICAL FOUNDATION
777 AVENUE H
POWELL, WY 82435**

POWELL MEDICAL FOUNDATION SCHOLARSHIP APPLICATION

(Type or print clearly in ink. Please fill out all required fields to the best of your ability. Type "N/A" if the question does not apply. Do not leave any field blank)

Name: _____
Last First Middle Maiden/Other

Mailing Address:: _____
Street/Box #/Apt #

_____ City County State ZIP

Phone Numbers: _____
Home Phone Work Phone Cell Phone

E-mail address: _____

High School : _____
Name Expected Graduation Date GPA

College Major/Planned Program of Study: _____

_____ Length of Course of Study Expected Degree

_____ Name of College You Plan to Attend City, State

_____ Have You Been Accepted? Estimated Cost of Tuition, Fees, Books, and Housing Per Semester

FREE FORM ESSAY

Your answers to the following questions will help the scholarship selection committee decide which applicants best meet the eligibility requirements for the Foundation scholarship. Please respond in complete sentences. It is quality, not the length of your responses, that counts. Please attach your essays to this application form.

1. Please describe your future plans and goals. Explain why you chose to pursue your program of study and why the committee should choose you for a scholarship. Minimum word count—500; maximum word count—1000.
2. Discuss your financial situation, including your family's income, assets and expenses. Explain why you qualify for a "need based" scholarship. Will you have any financial assistance paying for college? How important is a scholarship to your education? Minimum word count—500; maximum word count—1000.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE, AND ON ANY ATTACHMENTS, IS TRUE AND CORRECT TO BEST OF MY KNOWLEDGE.

_____ Applicant Signature

_____ Date