



“promoting health & education in Rim Country”

**HUMAN HEALTH CAREER SCHOLARSHIP
APPLICATION CRITERIA**

1. ELIGIBILITY

Any individual currently attending school and/or working in Northern Gila County, or whose parents, grandparents or legal guardian reside in Gila County, may apply to begin or continue his/her education in a course of study that will lead to a human healthcare related career including but not limited to laboratory, physical or respiratory therapy, nursing, radiology, pharmacy, medicine, behavioral health, dental.

2. HOW TO APPLY

All application forms, properly filled out, signed, and with all requested information attached, must be **received at MHAF office (NOT postmarked)** no later than close of business on Friday, March 31, 2017 to:

MHAF Auxiliary Scholarship Chairman
308 E. Aero Drive
Payson, AZ 85541

Call 472-2588 for any questions.

3.

APPLICATION DEADLINE:

All Scholarship Applications must be received at MHAF office (NOT postmarked) no later than close of business on Friday, March 31, 2017.

3. AWARDING OF SCHOLARSHIPS

The Scholarship Committee shall oversee the awarding of the annual MHAF Auxiliary Scholarships in an amount set by the MHAF Budget Committee. The Scholarship Chairman shall notify all applicants of their scholarship status by the end of April. Scholarship funds shall apply directly to the cost of tuition, books and mandatory course fees. The scholarship funds will be mailed directly to the institution where the recipient will be enrolling on or after July 1, 2017. All unused awarded funds will be returned to MHAF by March 1, 2018. Gila County Community College students must request their registration form be sent to MHAF (by GCC) prior to disbursement.

PLEASE NOTE: YOU MUST REAPPLY EACH YEAR TO BE CONSIDERED FOR THIS ANNUAL AWARD.

4. SELECTION PROCESS

All applicants, regardless of age or sex, will receive consideration, once annually for a scholarship based on (1) their record of academic achievement and/or work experience, (2) favorable references, and (3) financial need.

**MHA FOUNDATION
HUMAN HEALTH SCHOLARSHIP
APPLICATION FORM**

1. Name: _____ Phone: _____
2. Address: _____ City/State & Zip: _____
3. Email Address _____
4. Date/Place of Birth: _____ Social Security #: _____
5. Name of Parents (if applicant under 21 yrs.): _____
6. High School: Attending/attended: _____
High School Graduation Date: _____
Are you a High School student and dual enrolled in college courses? Yes _____ No _____
7. Colleges: Attending/attended: _____ Academic Major: _____
8. Name/Place of Employer: _____
9. Supervisor's Name & Title: _____
10. Human Health Career Choice: _____
11. Career Objectives: _____
12. College You Plan to Attend: _____
13. Reason You Chose This College: _____

14. ATTACH THE FOLLOWING DOCUMENTS:

- a. High school or GED transcript OR
College transcript if you are attending or have attended college (certified transcripts not required).
- b. TWO (2) letters of recommendation (which must have the current year's date), from responsible persons, not related to you, who have personally observed you in an educational and/or professional capacity and who can give a worthwhile opinion of your character, industriousness, purposefulness, and personal worthiness. **All letters must be signed and dated with a current 2017 date to be considered for award.**
- c. A statement of between 100 and 200 words, prepared by you, summarizing school and extra-curricular activities, hobbies, etc., if you are presently attending school full time. If employed, this statement should cover job title and duties, length of employment, promotions, etc. Include in this statement your explanation of why you feel qualified for this scholarship, including FINANCIAL NEED. **Please sign and date this statement with the current year's date to be considered for award.**
*****DEADLINE: Friday, March 31, 2017 by close of business*****
- d. **Late or incomplete applications will NOT be considered.**

Applicant's Signature _____ Date _____