



## Health Career Scholarship Application

Please complete this application form carefully.

Applicants are responsible for timely receipt of all information.

Name: _____	
Address: _____	
_____	Phone # _____
Email address: _____	Work # _____

### High School Students

High School Name/Location: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Date expected to begin college studies: \_\_\_\_\_

Colleges applied to: \_\_\_\_\_

Expected Major course of study: \_\_\_\_\_

### College Students/Graduates/Post-Graduates/Continuing Education Students

*Benefited MMC Healthcare employees are not eligible*

Name/Location of Studies: \_\_\_\_\_

Expected completion date: \_\_\_\_\_ Major course of study: \_\_\_\_\_

Expected degree: \_\_\_\_\_

### All Applicants please provide the following information

- Explain in detail why you are interested in pursuing this career and specifically how this scholarship would benefit you.
- Describe your volunteer experiences, employment, and/or extra-curricular activities for the past 2 years.
- Attach your most recent school transcript (include most recent ACT score if available).
- Include two (2) letters of recommendation (*excluding relatives and peers*).

In presenting this application for scholarship, I agree to the following:

1. To permit MMC Volunteer Organization to obtain any information necessary from employers and/or Education Institutions without liability arising there from.
2. That misrepresentation by me in this application is sufficient for disqualification from consideration and/or withdrawal of scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Missing information will result in automatic disqualification**

Mail completed application to:  
MMC - Attn: Volunteer Service Dept.  
1105 Sixth Street  
Traverse City, MI 49684-2386

*For office use only*  
Date received: