

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 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 therefrom.
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: