

McKenzie County Health Care Systems Hospital Scholarship Application

Please address all application materials to:

McKenzie County Health Care Systems Hospital
Scholarship/Grant Committee Auxiliary
Scholarship
Attention: Hospital Director of Nursing
709 4th Ave N.E.
Watford City, NO 58854

The purpose of the McKenzie County Health Care System Scholarship is to provide scholarship money to a student choosing a career in the nursing field. The amount of this scholarship is \$1,000.00 (given over two years: \$500.00 during the sophomore year and \$500.00 during the junior year). Funding for this scholarship is from: Hospital Donation (\$500.00) and Auxiliary Donation (\$500.00). This scholarship application must be postmarked by the second Wednesday in March.

I. General Information

Name:

Social Security Number:

Date of Birth:

Permanent Address:

Phone Number:

High School you are currently attending:

Please list all other high schools have you attended:

School (name)	City and State	Dates Attended
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

High School Graduation Date:

State which college or university you plan to attend during the upcoming year:

What will be your field of study?

What terms will you be attending college during the upcoming academic year?

Both Fall Only Spring Only

Name of Parent(s) or Guardian(s):

Occupation of Parents or Guardian

Number of Brothers and/or Sisters:

Of the above number, state how many are attending college:

II. Educational Information

List school activities that you are or have been involved in during grades 9-12:

List community activities that you are or have been involved in during grades 9-12:

List Honors and Awards that you have received during grades 9-12:

List organizations that you are currently or have been a member of during grades 9-12 and indicate your involvement, office, or role within that organization:

List your work experience during high school:

Write briefly about where you hope to be in five years:

Please add any additional comments which you believe would be helpful to the selection committee:

III. References

Please list three references (not related to you) whom the scholarship committee may contact;

Name	Address	Telephone Number

IV. Eligibility Criteria

Under IV. Eligibility Criteria

1. If I am awarded this scholarship, it is my intention to complete the educational program I have outlined and to serve as a member of the profession. I agree to inform the McKenzie County Healthcare Systems Financial Aid Office immediately if I am no longer preparing myself for my chosen medical profession and I understand that my scholarship will be discontinued if my plans change.
2. Recipients of this scholarship must attend a North Dakota Institution, be a graduate of McKenzie County High School and/or
 - a. be at least a six month resident in McKenzie County, in order to receive this scholarship.
3. I understand that I will not receive this scholarship until my sophomore and junior year. I also understand that if I fail to meet the minimum requirements to remain in my chosen program of study in either my sophomore or junior years, I will not receive the remainder

