

# Special MGH&FC 50<sup>th</sup> Anniversary Scholarship Award



Mason General Hospital Foundation Auxiliary  
Scholarship Application  
Medical Related Fields

**MGHF Auxiliary**  
**360-426-1611**  
**Ext 28896**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City, State) (Zip Code)

Phone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

High School Attended: \_\_\_\_\_

GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College/University planning to attend: \_\_\_\_\_

Area of Interest or Major: \_\_\_\_\_

High School and/or Community Activities: \_\_\_\_\_

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Work Experience: \_\_\_\_\_

## **Please attach these items to this completed sheet:**

- 1) An official copy of your high school academic transcript (Unopened)
- 2) Two letters of recommendation, one must be from an instructor.
- 3) A one-page statement of your personal and academic goals and accomplishments.

Return completed applications to: *MGHF Gift Shop*  
*Attention: Scholarship Committee*  
*Hours of Operation: Monday – Friday*  
*10:00 AM to 4:00 PM*

***Application deadline: April 25, 2018 – 4:00 PM\****

***\*Applications must be postmarked or received by the Auxiliary by this date.***

\*\* If additional space is needed, please attach.