



**MASON GENERAL HOSPITAL FOUNDATION
AUXILIARY
HIGH SCHOOL SCHOLARSHIP APPLICATION
(*Medical Related Fields*)**

Application Deadline : March 27, 2020

MGHF Auxiliary

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: _____

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.
- 4) Photo (Optional)

Return completed applications to: *High School Counselor Office*

** If additional space is needed, please attach