



MASON GENERAL HOSPITAL FOUNDATION AUXILIARY
Hospital Employees and Community Adults

SCHOLARSHIP APPLICATION
(Medical Related Fields)

Application Deadline: April 24, 2020

MGHF Auxiliary Gift Shop
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: _____

High School GPA: _____ High School Graduation or GED Completion Date _____

College Major or Area of Interest: _____

Career Goal: _____

Work Experience: _____

College/University Attended: _____

Last Date Attended/Graduated: _____

College Level Cumulative GPA: _____

Present position if not in college: _____

Please attach these items to this completed sheet:

- 1) An official copy of your most recent/current academic transcript (Sealed and Unopened)
- 2) Two letters of recommendation, one must be from an instructor or supervisor.
- 3) A one-page statement of your personal and academic goals and accomplishments.
- 4) Photo (optional)

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

** If additional space is needed, please attach