



**MASON GENERAL HOSPITAL FOUNDATION AUXILIARY  
MGH&FC Employees and Community Adults**

**SCHOLARSHIP APPLICATION**  
*(Medical Related Fields)*

**Application Deadline: April 24, 2019**

**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