

## Application for Mary A. McCord Trust Scholarship

Return to: Hazen Memorial Hospital Auxiliary, 510 8<sup>th</sup> Ave NE, Hazen, ND 58545

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

List High School and Post High School Education and years: \_\_\_\_\_

Currently enrolled at (school): \_\_\_\_\_

Field of Study: \_\_\_\_\_

Please include your most recent transcript. A 3.0 GPA is needed to qualify for this scholarship.

Interests, Hobbies (include athletics, church, clubs, organizations, family, etc.)

Please attach a summary of your reasons for wishing to pursue this career and why you should be awarded a scholarship. Include individuals or circumstances that may have influenced your decision. How long have you been interested in this career, your future plans, and any special circumstance you would like us to consider while making our decision. Please return by the June 30<sup>th</sup> deadline.

List three (3) non-relative references, including one instructor, with addresses and phone numbers, to whom you have given reference forms.

Name	Address	Phone #
1.	_____	_____
2.	_____	_____
3.	_____	_____

If I am awarded a scholarship by Hazen Memorial Hospital Auxiliary, it is my intention to complete my education as indicated on this application. I understand if I receive a scholarship, I will not be able to re-apply in the future. All information submitted by me on this application is accurate to the best of my knowledge.

Signature and Date: \_\_\_\_\_