



MINIDOKA HEALTH CARE FOUNDATION Scholarship Application Guidelines

Several \$1000.00 Scholarships are available from the Minidoka Health Care Foundation to qualifying applicant's **currently participating** full time (twelve credits) in a post-secondary education health care related field.

The scholarship **applicant must be a graduate of a Minidoka County High School and a second year student or above** in a college or university health care related field or approved certification course. (i.e. Nursing, pharmacy, physical therapy, pre-med, pre-dentistry, x-ray, respiratory, health care administration, EMT, etc.)

Scholarship will be based upon: (1) Financial need, (2) Minimum **2.0** grade point average. (3) Applicability of personal goals, (4) Quality of references, (5) Quality of application, (6) Chosen field of study.

Selection will be made by a committee from the Board of Directors of the Minidoka Health Care Foundation consisting of not less than three members and approved by the Foundation Board during a regularly scheduled meeting.

The scholarship check will be issued in the name of the recipient and college/university of the recipient's choice.

Application process consists of:

1. Completion of attached form.
2. Submission of two recommendation letters (clergy, teacher, counselor, employer, etc.)
3. Copy of college transcript.
4. **Application must be received by April 9, 2021**

Tammy Hanks, Executive Director
Minidoka Health Care Foundation

1224 8th Street

Rupert, ID 83350
Phone 436-0481 ext. 275
thanks@minidokamemorial.com

MINIDOKA HEALTH CARE FOUNDATION
Scholarship Application

1. Name _____
2. Mailing Address _____
3. Phone Number _____
4. Highest Level of Education _____
5. College or University you are Attending _____
6. Course of Study _____
7. Financial assistance is needed because:
(list any family, personal or financial circumstances you believe warrant consideration)

8. Education:

High School:

College:

9. Employment History (past 4 years):

Company	Position	Dates	Hours/week	Salary
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10. Please describe yourself, your family, and your goals relating to your education and chosen field of study. (you may use additional paper to complete this section)

11. Awards and recognition:

12. Hobbies, special interests, community involvement

By my signature, I affirm that I have read and understand the Minidoka Health Care Foundation Scholarship guidelines and application and intend to comply with each condition of the scholarship, if awarded.

Date

Signature of Applicant

Please return application with recommendation letters and school transcripts by April 9, 2021 to:

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