



## 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) 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 5, 2019**

Tammy Hanks, Executive Director  
Minidoka Health Care Foundation

1224 8th Street

Rupert, ID 83350  
Phone 436-0481 ext. 275

**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
---------	----------	-------	------------	--------

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 5, 2019 to:***

Tammy Hanks  
Minidoka Health Care Foundation  
1224 8th Street  
Rupert, ID 83350  
Phone (208) 436-0481 Ext. 275