



Dear Scholarship Applicant:

Attached is the Mammoth Hospital Auxiliary College Scholarship Application. A copy is also available on CD if you would prefer to complete the Application on your computer.

The Auxiliary is pleased to be able to offer financial assistance to students who are pursuing a medically related field of study. It is important that you are aware the information you supply will be used by the Scholarship Committee in deciding upon qualified awardees. The more information you provide that shows your need, the better chance you have for financial aid. All information will be used by the Auxiliary strictly for evaluating scholarship awards and will be held in total confidence. The Scholarship Committee has the authority to reject or disqualify any application containing false, misleading, incomplete and/or conflicting statements.

All applicants **must** meet the following eligibility requirements:

1. Completed **two years** of prerequisites in a medically related college curriculum with a minimum 3.0 grade point average, or worked for **two years** in a medically related field in Mono County. Verification of these requirements are to be submitted with the Application.
2. Be a current resident of Mono County and resided there full time for a minimum of **two years**, or currently working in Mono County full time for a minimum of **two years**.
3. Pursuing a course of study in a medically related field.
4. May be a graduate student who is changing career goals or who is upgrading to a medically related job.
5. May receive no more than five years of scholarship awards.

Please complete all fields of the attached Application. Sign it and mail with all other required documents. Applications must be complete to be accepted and postmarked no later than **August 31**. Mail to:

Mammoth Hospital Auxiliary  
Attn: Scholarship Chairperson  
P.O. Box 1399  
Mammoth Lakes, CA 93546



**PLEASE USE THIS PAGE AS A COVER SHEET FOR  
YOUR SCHOLARSHIP APPLICATION**

Fill in highlighted blanks, print completed application and sign.

I understand the eligibility criteria for applying for the Mammoth Hospital Auxiliary Scholarship. I also understand and authorize the Scholarship Committee to contact any references I have included with my application, including financial references, in order to verify or clarify any information I have submitted to the Committee in this application.

Applicant Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I HAVE INCLUDED ALL OF THE FOLLOWING**

- Completed application
- Verification of work in a medically related field or medically related college curriculum
- Official Transcripts (See note below)
- Current tax return. If no tax return was filed, then a financial report of earnings
- Personal statement
- Two letters of reference from an academic and/or professional relationship (printed)
- All signatures and information as requested

**Note:** Applications will be considered incomplete without all official transcripts. These may be sent directly from the college to the Scholarship Committee. Unofficial transcripts will be considered as long as the official transcripts are received by **September 30**. If not received by that date, the application will not be considered.

Applications must be complete to be accepted and postmarked no later than **August 31**. Mail to:

Mammoth Hospital Auxiliary  
Attn: Scholarship Chairperson  
P.O. Box 1399  
Mammoth Lakes, CA 93546



**COLLEGE SCHOLARSHIP APPLICATION**  
**MAMMOTH HOSPITAL AUXILIARY**  
 PO Box 1399, Mammoth Lakes, CA 93546

All information you provide will be used by the Auxiliary strictly for evaluating a scholarship award and will be held in total confidence. Please fill in highlighted blanks, print completed application and sign.

**A. Personal Information**

Last Name                      First                      MI

Mailing Address

Physical Address

City                      State                      Zip

Home Phone                      Work Phone                      Cell Phone

Email

Birth Date                      City & State of Birth

U.S. Citizen:  Yes  No                      Registered Voter:  Yes  No

SS#                      DL#

Are you a permanent resident of Mono County?     Yes  No                      How Long

Do you work full time in Mono County?                       Yes  No                      How Long

Are your parents residents of Mono County                       Yes  No                      How Long

If yes, please list their names, mailing address, physical address & telephone

Mother:                      Last Name                      First

Mailing Address

Physical Address

City                      State                      Zip                      Phone

Father:                      Last Name                      First

Mailing Address

Physical Address

City                      State                      Zip                      Phone

## B. References

Attach and list below two or more current letters of reference from an academic and/or professional relationship. Do not include relatives.

1. Name

Occupation

2. Name

Occupation

3. Name

Occupation

## C. Educational Background

Did you graduate from Mammoth High School?  Yes  No Year

When did you last attend college?

Where?

Are you presently attending college?  Yes  No

Where?

Present grade point average Transcript attached:  Yes  No

Have you changed colleges since last year?  Yes  No

If yes, why?

Which college year have you completed?  Freshman  Sophomore  Junior  Senior

## D. Educational Plans

Have you applied to a college/vocational school?  Yes  No

Where?

Have you been accepted?  Yes  No

Where?

Where do you plan to attend?

What is your declared major?

What is your eventual goal?

When do you expect to graduate?

What degree/certificate?

How much do you expect college expenses to be per year?

Tuition        \$

Books         \$

Room/Board   \$

Total         \$

List any additional expenses not included above:

**E. Work Experience**

Have you been employed in a medically related field for two years?    Yes    No

1.     Employer

Address

Phone

Employed from            to

Job

2.     Employer

Address

Phone

Employed from            to

Other work experience:

1.     Employer

Address

Phone

Employed from            to

Job

2. Employer

Address

Phone

Employed from                      to

**F. Financial information**

Are you self-supporting?  Yes  No    If no, indicate who supports you:

Parents:            Name

Address

Occupation

% of support                      \$

Do they support other family member(s) in college?  Yes  No    How many?

Spouse:            Name

Address

Occupation

% of support                      \$

Other:              Name

Address

Occupation

% of support                      \$

Your gross income per year \$                      Value of your bank account(s) \$

How many dependents do you have?                      How many in college?

Total monthly financial obligations \$

Please attach a copy of your last income tax return. Return attached:  Yes  No

If no tax return, attach statement of earnings. Statement attached:  Yes  No

Please list any previous financial awards, from whom, and year received.

Are any of these awards renewable or ongoing?  Yes  No

If yes, please list

Why do you feel you require financial assistance? You may expand on this your personal statement.

Please indicate any circumstances that might affect your ability to help finance your education.

### **G. Outside Interests**

List public service, community activities, clubs and organizations you have actively participated in over the past five years and how long with each.

What leisure time activities do you enjoy?

### **H. Personal Statement**

Please attach a personal statement about you as an individual, your education and career goals, and any other information which might be of interest to the Scholarship Committee.

### **I. Certification & Signature**

I certify that all information I have provided in this application is accurate and true. I certify that all financial assistance I receive will be used as directed by the Mammoth Hospital Auxiliary. Should I not complete my obligation, I will refund all money I have received from them. It is my responsibility to have the college certify that I am in attendance before I receive any funds.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date