



Dear Scholarship Applicant:

Attached is the Mammoth Hospital Auxiliary College Scholarship Application for 2020. We are 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. 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**.
2. 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.
3. Pursuing a course of study in a medically related field.
4. Volunteered a minimum of **5 hours** at the Cast Off to better understand the work we do to earn the money for scholarships.
5. May be a graduate student who is changing career goals or who is upgrading to a medically related job.
6. 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 **June 30**. Mail to:

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

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**PLEASE SIGN AND USE THIS PAGE AS A COVER SHEET FOR YOUR  
2020 SCHOLARSHIP APPLICATION**

I understand the eligibility criteria for applying for the 2020 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 – Please Print

\_\_\_\_\_  
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)
- Volunteered a minimum of 5 hours at the Cast Off
- 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 **July 31**. If not received by that date, the application will not be considered.

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Attn: Scholarship Chair  
P.O. Box 1399  
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## 2020 COLLEGE SCHOLARSHIP APPLICATION MAMMOTH HOSPITAL AUXILIARY

All information you provide will be used by the Auxiliary strictly for evaluating a scholarship award and will be held in total confidence. Please print or type. Illegible forms will not be accepted.

### 1. PERSONAL INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Place 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 \_\_\_\_\_

### 2. FAMILY INFORMATION

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

### 3. EDUCATION 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

#### 4. EDUCATION PLANS

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

Where \_\_\_\_\_ Accepted?  Yes  No

What college do you plan to attend? \_\_\_\_\_

What is your declared major? \_\_\_\_\_

What is your eventual goal? \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_ What degree/certificate? \_\_\_\_\_

#### 5. EDUCATION EXPENSES

Tuition \_\_\_\_\_ Room/Board \_\_\_\_\_ Books/Supplies \_\_\_\_\_ Personal \_\_\_\_\_

Transportation \_\_\_\_\_ Total \_\_\_\_\_

List any additional expenses not included above

#### 6. WORK EXPERIENCE

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

Employer \_\_\_\_\_ Address & Phone \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Other work experience:

Employer \_\_\_\_\_ Address & Phone \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_ Address & Phone \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

#### 7. FINANCIAL INFORMATION

Are you self-supporting?  Yes  No If no, indicate which of the below supports you:

Parents: Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ % of support \_\_\_\_\_ \$ \_\_\_\_\_

Do they support other family members 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.

## **8. FINANCIAL NEED SUMMARY**

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.

## **9. OUTSIDE ACTIVITIES**

List public service, community activities, clubs and organizations in which you have actively participated

What leisure time activities do you enjoy?

**10. REFERENCES**

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

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

**9. 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.

**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