



Dear Scholarship Applicant:

Attached is the Mammoth Hospital Auxiliary College Scholarship Application for 2021. 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: Sara Knadler, Scholarship Chair
P.O. Box 1399
Mammoth Lakes, CA 93546



**PLEASE SIGN AND USE THIS PAGE AS A COVER SHEET FOR YOUR
2021 SCHOLARSHIP APPLICATION**

I understand the eligibility criteria for applying for the 2021 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: Sara Knadler, Scholarship Chair
P.O. Box 1399
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2021 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