



Healthcare Scholarship

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About the Scholarship

Friends of North Canyon Medical Center will award, on an annual basis, two \$1,000 scholarships to students, of all ages, from areas in the Magic Valley who are pursuing a degree or certification in a healthcare curriculum. The Healthcare Scholarship was established from the Nelson/Hoekstra & McPherson Funds to help enhance the healthcare workforce across the Magic Valley.

Eligibility Criteria

- Applicant must be a resident of Gooding, Lincoln, Jerome, Camas or Twin Falls County.
- Applicant must be enrolled in an Idaho college or university.
- Applicant must be in the second year or greater of their healthcare program and be able to provide an official college transcript. Preference will be given to those applicants with a college GPA average of 3.0 or above.
- Applicant must be enrolled in a *clinical* healthcare curriculum, examples include;

Laboratory	Nursing	Radiology	Pharmacy	Rehabilitation (PT, OT, ST)
Nurse Practitioner	Dental	Optometry	Pre-Med	Respiratory Therapy

Scholarship Restriction

This is a tuition only scholarship and cannot be applied to other expenses.

How to Apply- Deadline June 12, 2020

- Complete scholarship application.
- Provide most recent college transcript.
- Provide two letters of recommendation from individuals who are familiar with your capabilities and work habits, family excluded. Their names, titles & contact numbers must be included in the letter of recommendation.
- Provide a 1-2 page essay stating why you have chosen healthcare as a career. Please describe persons or events that have helped influence you, opportunities you have had to work or observe in this career field, your goals, and volunteer & community experience.
- Applicant photo – Please include a head and shoulders photograph of yourself. By applying, you grant your permission for the photo to be included when announcing the award recipients.

Submission

Please submit the following to shellie.amundson@ncm-c.org by June 12, 2020.

- Completed scholarship application form
- Most recent college transcript
- Two letters of recommendation
- Personal essay
- Photo

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Application Form

First Name

Last Name

Date of Birth

Home address

City, State, Zip

Phone Number

Email Address

Name of college or university you are attending: _____

Address: _____

Program of study: _____

Proposed occupation after graduation: _____

List other scholarships and grants you are receiving: _____

I affirm that all statements included in this scholarship packet are true, complete, and correct. I authorize the use of my photo and the investigation of all matters that North Canyon Medical Center, Inc. (NCMC) deems relevant to my application, including all statements made in this application and any attachments or supporting documents. I authorize you to request and receive such information and release NCMC from all liability that might result from making such an investigation and publication. I understand this scholarship is for tuition only and will be paid directly to the college or university I am attending.

Applicant Signature

Date

SUBMISSION DEADLINE – JUNE 12, 2020