



**WHEATLAND MEMORIAL HEALTHCARE
EMPLOYEE SPONSORED SCHOLARSHIP APPLICATION**
530 3rd ST NW ▪ PO BOX 287 ▪ Harlowton, MT 59036 406.632.3176

APPLICANT'S FULL NAME: _____

DATE OF BIRTH: _____ **PHONE NUMBER:** _____

ADDRESS: _____

COURSE OF STUDY: _____

HOUSEHOLD INFORMATION:

Are you claimed as a dependent on your parents/guardians federal tax return? _____

Adjusted Gross Income of Household: Under \$30,000 \$30,001 - \$49,999

\$50,000 - \$69,999 \$70,000 - \$99,999 \$100,000 or more

Number of dependents claimed for household:

List employment positions held in the past 12 months:

_____ **Earnings \$** _____

_____ **Earnings \$** _____

_____ **Earnings \$** _____

List Savings / Checking Balance \$ _____

What financial resources do you have if you do not obtain scholarship assistance? _____

Please attach the following:

1. A letter of recommendation from someone other than a relative.
2. A list of extra-curricular activities you are involved in (clubs, sports, community organizations, etc).
3. High school or college transcripts.
4. An essay of 300 words or less describing why you are interested in a health care profession.

All information contained herein will be kept in the strictest possible confidence.

Applicant's Signature: _____ **DATE:** _____