

For a lifetime of caring



MID COAST HOSPITAL AUXILIARY

121 Medical Center Drive, Box 3
Brunswick, Maine 04011
(207) 373-6015
MCHA.Scholarships@gmail.com

Herb Paris Health Career Scholarship

Application For Non-Traditional Students

DEADLINE: APRIL 15TH

All materials are due at the Mid Coast Hospital Auxiliary's Volunteer Services Office by **April 15th** for consideration for the Fall semester. Students who enroll at other times may still submit applications; funding may be possible on a case-by-case basis.

The Mid Coast Hospital Auxiliary raises money through various fundraisers and its Gift Shop at MCH in order to encourage local area students who are interested in the health care field. The Auxiliary awards \$40,000 per year in our renewable Herb Paris Health Career Scholarships. We are not able to fund pre-med majors.

The applicant must pursue an education at an accredited institution and major in a program that will lead to a health-care career.

Return the following to the MCH Volunteer Services Office, or mail to:

Mid Coast Hospital Auxiliary
Attn: Scholarship Committee
121 Medical Center Drive, Box 3
Brunswick, ME 04011

- APPLICATION**
- ESSAY**
- TRANSCRIPT**
- COURSE LIST** of anticipated classes
- letter of **RECOMMENDATION** – please have this submitted directly by your mentor

Questions?

Email the MCH Auxiliary Scholarship Committee at MCHA.Scholarships@gmail.com .
This application may be found online at www.midcoasthealth.com/scholarships .

MCHA's Herb Paris Health Career Scholarship – Non-Traditional Application

Applicant's name _____ Date of birth _____

Home Address _____

Home Phone _____ Email Address _____

Spouse's name: _____ Occupation: _____

Number of dependents: _____ Number of those currently in college: _____

Present Employer: _____ Date of hire: _____

Position and Department: _____ Hours per week: _____

Are you eligible for education reimbursement from your employer? _____ to what limit: \$ _____ per calendar year

Level of schooling you have completed: high school college: 1 2 3 4 AA/AS RN BA/BS
(circle # years completed)

Major in College: _____

Advanced degrees: _____

List the college, university, or other educational institution you are attending/plan to attend. Indicate the name of the school and the **mailing address of its financial aid office.**

School: _____ Accepted? Pending?

Mailing address: _____

City: _____ State: _____ Zip: _____

School website: _____

Date term/course begins: _____ ends: _____ Anticipated date of graduation: _____

Costs : Tuition (per credit hour): \$ _____ # credits/semester: _____ # semesters per year: _____

Books: \$ _____ Required Fees: \$ _____ Room & Board (if applicable) \$ _____

Intended academic major or field of study: _____


Intended degree: _____ Intended graduation year: _____


Occupational goal: _____

ESSAY 

Attach to this application an essay on why you wish to receive the MCHA's Herb Paris Health Career Scholarship. Discuss the course of study or major you intend to pursue, why you chose that, your proposed occupation or profession, and your long range goals. Include any other pertinent information that has not been covered elsewhere on this form.

 **Transcript:** If enrolled in school, attach a current transcript. Otherwise, explain.

 **Course List:** Attach a list of next year's courses & credits.

 **Recommendation:** Have an employer, supervisor, teacher, or other mentor (not a relative) submit a letter of recommendation directly to the address above.

To the best of my knowledge, all of the statements and attachments are true.

Signature of applicant

Date