



## Herb Paris Health Career Scholarship

APPLICATION FOR NON-TRADITIONAL STUDENTS

Deadline for Fall Semester: **May 15**

The **Mid Coast Hospital Auxiliary** raises money through various fundraisers as well as the Mid Coast Hospital Auxiliary Gift Shop. These funds are used for vital Mid Coast Hospital projects as well as health career scholarships for local area students. Each year, the Auxiliary awards \$40,000 in renewable scholarships.

To be eligible, applicants must pursue education at an accredited institution, and they must major in a program that will lead to a healthcare career. The Auxiliary does not fund pre-med or biology majors. For more information about requirements, restrictions, and deadlines, please visit [midcoasthealth.com/auxiliary/scholarships](http://midcoasthealth.com/auxiliary/scholarships).

### Instructions

Download and complete the attached application, which is available as a fillable .PDF at [midcoasthealth.com/auxiliary](http://midcoasthealth.com/auxiliary). If you require more space, you may attach additional sheets.

Return the completed application and essay to the Mid Coast Hospital Auxiliary by May 15 for the fall semester. Students enrolling at other times of the year are encouraged to submit applications as funding may be possible on a case-by-case basis.

Ensure the application package includes all of the following:

- Completed application
- Essay
- Transcript
- Course list of anticipated classes
- Letter of recommendation submitted directly to the Mid Coast Hospital Auxiliary by your mentor

Please mail all materials to:

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

Please email any questions to the Mid Coast Hospital Auxiliary Scholarship Committee at [MCHA.Scholarships@gmail.com](mailto:MCHA.Scholarships@gmail.com).

**Mid Coast Hospital Auxiliary Herb Paris Health Career Scholarship**  
APPLICATION FOR NON-TRADITIONAL STUDENTS

**Personal & Family Information**

Applicant's Name:			
Home Address:			
Phone:			
Email:			
Date of Birth:			
Spouse's Name:			
Spouse's Occupation:			
Number of Dependents:			
Dependents in College:			
Please indicate the highest level of school you have completed.			
<input type="checkbox"/> High School <input type="checkbox"/> College, 1 yr <input type="checkbox"/> College, 2 yrs <input type="checkbox"/> College, 3 yrs <input type="checkbox"/> College, 4 yrs <input type="checkbox"/> AA/AS <input type="checkbox"/> RN <input type="checkbox"/> BA/BS			
College Major:		Other Degrees:	

**Employment & Financial Information**

Current Employer:		Date of Hire:	
Position/Department:		Hours Per Week:	
Are you eligible for education reimbursement from your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the limit per calendar year.			
Please list the amount of other scholarships, financial aid, grants, discounts, or reimbursements you receive.			

**College/University Information**

Please list the college, university, or other educational institution you plan to attend. Indicate the name of the school and the mailing address of its financial aid office.			
School Name:		<input type="checkbox"/> Accepted <input type="checkbox"/> Pending	
Mailing Address:			
School Website:			
Major/Field of Study:			
Intended Degree:			
Occupational Goal:			
Date Term Begins:	Date Term Ends:	Graduation Date:	
Cost per Credit Hour:	Credits/Semester:	Semesters/Year:	
Cost, Books:	Cost, Fees:	Cost, Room/Board:	

**Essay**

Attach to this application a brief essay explaining why you wish to receive the Mid Coast Hospital Auxiliary Herb Paris Health Career Scholarship. Discuss the course of study or major you intend to pursue, why you chose it, your proposed occupation or profession, and your long-range goals. Include any pertinent information that has not been covered elsewhere in this application.

\_\_\_\_\_  
Signature or Digital Signature of Applicant

\_\_\_\_\_  
Date