CENTRAL MICHIGAN
HOSPITAL FOUNDATION

Volunteer Scholarship

Funded by The Louise A. Williams Trust

Applicant Guidelines for 2013

Scholarship Application for students who:

- are currently admitted to or enrolled in a direct medical care education program at a Michigan college or university.
- have a cumulative G.P.A. of 2.75 or higher.
- are currently not enrolled in high school.

Special Preference:

Preference will be given to residents of Isabella County, or individuals with a strong connection to Isabella County, and/or McLaren Central Michigan.

Preference in 2013 will be given to students enrolled in the following programs or areas of specific need:

- **Registered Nurses**
- **Medical Assistant (degree program)**
- **Other Direct Medical Care Students**

The entire application must be completed (please print in legible fashion), signed, and received with required attachments by **4:00 pm, March 29, 2013. Late applications cannot be accepted.**

This form can be found as a PDF at www.mclaren.org/centralfoundation. If you have any questions, contact the Hospital Foundation at (989) 772-6858, (800) 992-5706 or email central.foundation@mclaren.org. The application may be reproduced.

Send application with attachments to:

McLaren Central Michigan
Volunteer Scholarship Fund
Hospital Foundation Office
1221 South Drive
Mount Pleasant, MI 48858

McLaren

CENTRAL MICHIGAN
HOSPITAL FOUNDATION

Volunteer Scholarship

Application Form for 2013

Applicant's Name: _____Student ID #_____

Street Address: _____

City, State, ZIP: _____

Phone: _____Email: _____

Please provide the following educational history:

High School you attended:_____

List of all post-secondary schools you have attended, including where you are currently enrolled. Include dates of enrollment.

_____

_____

_____

Degree program currently admitted to or enrolled in:_____

Number of academic hours completed_____ Anticipated graduation date: _____ GPA:_____

Undergraduate Masters Doctorate (circle one)

This section must be completed with signatures by Applicant and Financial Aid Office.

I give *(insert name of educational institution)* _____ permission to release my financial aid information to McLaren Central Michigan for scholarship review purposes.

Signature of Applicant _____ Date _____

I certify the above student shows financial need based on the 2013-2014 Free Application for Federal Student Aid (FAFSA) form (www.fafsa.ed.gov).

Print Name and Title _____

Signature of Financial Aid Officer _____ Date_____

Required attachments to this application:

1. A summary description, no longer than one typed page describing your educational goals, employment and/or volunteer activities, financial need, connection to **Isabella County and/or McLaren Central Michigan** and any other information pertinent for the selection committee to consider.
2. College transcripts from each college attended submitted in an officially-sealed envelope.
3. One letter from a professional or academic reference presented on professional letterhead.

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Application Deadline – 4:00 pm March 29, 2013