



Elmore Medical Center Foundation

P.O. Box 1270 • 895 North 6th East • Mountain Home, Idaho 83647 • (208) 580-2673 • FAX (208) 580-2683

Elmore Medical Center Foundation Youth Health Care Scholarship

Purpose:

Provide a youth healthcare scholarship to an individual committed to a career path in a health care profession.

Eligibility:

Graduating Seniors from a high school located in Elmore Medical Center service area or home schooled in Elmore County. Student must have a commitment to a career path in a health care profession.

Scholarships Approval Process:

Two scholarships for \$250 each will be awarded.

Completed applications must be received by April 1, 2011 to be considered

EMCF Scholarship Committee will review all applications and make recommendation to the EMCF Board for scholarship approval EMCF Board meeting.

Recipients will be notified after the EMCF Board has approved the scholarship recommendations.

Application Process:

- Complete an application
- Write short essay discussing why you want to be in a health care profession, what qualities do you possess that would make you a successful member of a health care team and what actions have you already taken to prepare yourself for a career in health care.
- Two letters of recommendation
- Official school transcripts.

A personal interview may be requested if committee deems necessary to make award recommendations. Interviews may be conducted in person or by phone.

Youth Scholarship Application - Deadline for submission is April 1, 2011

Application Process:

- Complete an application with following attachments
- Write short essay discussing why you want to be in a health care profession, what qualities do you possess that would make you a successful member of a health care team and what actions have you already taken to prepare yourself for a career in health care.
- Two letters of recommendation
- Official school transcripts.

Application due: April 1, 2011

Personal Data:

Full Name: _____

Current Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Parents Names: _____

Academic Data:

Name of current High School: _____

Anticipated Graduation date: _____

Anticipated College Attending: _____

Anticipated Major Declared: _____

Have you ever volunteered in a Health Care facility? Yes No

If Yes, where did you volunteer? _____

What types of volunteer activities did you do there? _____

Estimated number of volunteer hours completed? _____

Volunteer Supervisor: _____

Submit completed EMC Foundation Youth Healthcare Scholarship Application to:

Elmore Medical Center Foundation

P.O. Box 1270

895 N. 6th East

Mountain Home, ID 83647