

**Big Horn Hospital Auxiliary
College Scholarship in a Medical Degree
Completion Program**

Application Face Sheet

NAME OF APPLICANT:

Student Address:

Phone:

PARENT/GUARDIAN NAME:

Parent/Guardian Address:

Phone:

DEGREE COMPLETION PROGRAM BEING PURSUED:

COLLEGE/EDUCATIONAL INSTITUTION ATTENDING:

COLLEGE/INSTITUTION OFFICE ADDRESS:

ESTIMATED EXPENSES FOR UPCOMING SCHOOL YEAR:

TOTAL: _____

TUITION:

STUDENT FEES:

BOOKS/SUPPLIES:

OTHER (SPECIFY):

REQUIREMENTS FOR APPLICATION:

1. Written verification of graduation from a Big Horn County High School/Home School.
2. Written verification of acceptance into a degree completion program at an accredited college/institution of advanced education.
3. A transcript of college grades.
4. Three written recommendations.
5. A written narrative which specifically addresses applicant's: Information about degree program being pursued, career and life goals, personal accomplishments, personal interests, family information.
6. This Application Face Sheet

NOTE:

Complete application must be received no later than **May 1, 2025**

A complete application consists of this Face Sheet along with all requirements listed above.

Mail/Deliver completed application to:

Big Horn Hospital Auxiliary
c/o: Big Horn Auxiliary Board
17 N. Miles Ave.
Hardin, MT 59034

ATTN: AUXILIARY BOARD SCHOLARSHIP COMMITTEE

BIG HORN HOSPITAL AUXILIARY
APPLICATION FOR SCHOLARSHIP
COLLEGE/ADVANCED EDUCATION
IN A MEDICAL DEGREE COMPLETION PROGRAM

SCHOLARSHIP: A \$1000.00 scholarship is being awarded by the Big Horn Hospital Auxiliary to a chosen applicant. Disbursement is made directly to the college.

PURPOSE: The purpose of the scholarship is to provide financial assistance to a graduate from a Big Horn County High School/Home School who is accepted into a medically oriented degree program at the collegiate level.

ELIGIBILITY: Any prior graduate of a Big Horn County High School/Home School who is entering the college junior level or above and is accepted into a medically oriented degree completion program with a grade point average of 3.0 or above, may apply for the Auxiliary Scholarship. Applicants must be accepted into a degree completion program by an accredited institution.

REQUIREMENTS FOR APPLICATION:

1. **Written verification of graduation from a Big Horn County High School/Home School.**
2. **Written verification of acceptance into a degree completion program at an accredited college/University.**
3. **A transcript of prior college grades.**
4. **Three written recommendations.**
5. **A written narrative, which specifically address applicants: Information about degree program being pursued, career and life goals, personal accomplishments, personal interests, family information.**
6. **Completed application face sheet – Attached**

DEADLINE: Applications must be complete (Including the attached cover sheet and all requirements for application listed above) and received no later than May 1, 2025

Should you have questions or need clarification please contact Laurel Slattery at 406-679-2888.

Applications must be delivered to:

**Big Horn Auxiliary Board
Big Horn Hospital
17 N. Miles Ave.
Hardin, MT 59034
ATTN: SCHOLARSHIP COMMITTEE**