

MIDDLE PARK MEDICAL FOUNDATION SCHOLARSHIP

Employee Application Form

The Middle Park Medical Foundation will award scholarships to selected employees of Middle Park Health (MPH) who have been accepted to any college/university or vocational school to further his/her studies **in the field of healthcare sciences.**

The awards will be based on career goals, employment history with MPMC, community involvement, and financial need. Funds for the scholarship will be paid directly to the financial aid office of the institution of the recipient's choice upon proof of enrollment.

Completed applications can be sent with the attention of: **Andrew Radzavich, Middle Park Medical Foundation, Box 252, Kremmling, CO 80459 or emailed to foundation@middleparkhealth.org**

Application Procedures:

- Please type or print neatly in black ink.
- Complete all parts of the application. **Please note: An incomplete application will not be considered.**
- Submit two letters of recommendation (excluding family members). The letters should be from a faculty, employer, or other member of the community that is familiar with your personal traits and work habits.
- Submit a copy of an acceptance letter or most recent transcripts.
- Submit most previous performance evaluation from MPH.
- Based on award amount, there will be an expectation to remain employed at MPH based on the timeline below:
 - \$1,000 – 12 months of full time service post completion of course/degree
 - \$2,000 – 24 months of full time service post completion of course / degree

- o \$3,000+ - 36 months of full time service post completion of course / degree

PLEASE MAKE SURE YOU HAVE INCLUDED ALL REQUIRED INFORMATION WITH YOUR PACKET. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

MIDDLE PARK MEDICAL FOUNDATION
SCHOLARSHIP

Application Form

Applicant Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

Name of University/School: _____

Date of Anticipated Graduation: _____

Program Enrollment: _____

Employment date with MPMC: _____

Department: _____

Grade Point Average: _____ (if enrolled)

Amount Requested \$ _____

Activities / Awards:

Please list the activities in which you have participated and awards received.

Leadership:

Please list offices held or specific leadership activities you have been involved during employment or community.

Community Service / Activities:

Please list all activities within the community in which you have been involved. Make special note of community service.

Career Goals:

Please write a paragraph explaining your career goals.

- 2. _____
- 3. _____
- 4. _____

_____ Check here if you are undecided about your college/trade school choice.

I hereby certify that the statements herein are true and correct to the best of my knowledge. I understand that if I am awarded a scholarship, there is a commitment to remain employed with MPMC based on the schedule attached.

Applicants Signature _____ Date _____