



Cassia Festival of Trees & Scholarship Foundation Scholarship Application

Please include the following information

1. Name: _____
2. Parents: _____
3. Mailing Address: _____
4. Phone Number: _____
5. High School: _____
6. College or University Planning to attend: _____
7. Email Address: _____
8. Indented Couse of Study: _____
9. Transcript Enclosed: _____
10. Picture Enclosed: _____

By my signature, I affirm that I have read and understand the Cassia Festival of Trees Scholarship Foundation application and intend to comply with all conditions of the scholarship, if awarded.

Signature _____ **Date** _____

Cassia Festival of Trees & Scholarship Foundation

Application Guidelines

Scholarships will be awarded to students in the graduating class of high schools from Cassia and Minidoka Counties. (Burley, Declo, Oakley, Raft River, and Minico.)

The Scholarship application must enroll as a Full Time Student (12 Credits) in a college or university in a health care field/ program. (i.e. Nursing, Pharmacy, Physical Therapy, Pre-Med, Radiology, Respiratory Therapy, Dietician, Dental assisting, Medical assistant, etc.)

Selection will be made by a committee of the Board of Directors for Cassia Festival of Trees & Scholarship Foundation consisting of not less than three members and approved by the Foundation Board during a regularly scheduled meeting.

Selection will be based upon:

1. Minimum GPA 3.0
2. Chosen course of study
3. Personal goals/application essay
4. References
5. Quality of application
6. Completed application

The scholarship checks will be issued in the name of the recipient and the College/ University where the recipient is attending.

Please include a photo. Photo will not be returned if a professional picture is used must permissions to use. Your photo will be used in the announcement of the scholarship recipients and displayed at the Festival of Trees.

This scholarship is renewable for an additional 2 semesters at \$500.00 each if student remains in a health care field, 12 credits per semester and maintains a 3.0 GPA. (Maximum of \$2000.00) **If you meet the above requirements for the renewable scholarship funds please submit a current transcript, school attending and field of study to michellemcampbell1@yahoo.com no later than December 28 and July 28 to receive the funds. No reminders will be sent.**

Please returned your completed application with your current high school transcript by mail, or by email no later than March 31, 2024. *Thank You for your interest.*

**Michelle Campbell
Cassia Healthcare Foundation
2501 Normal Ave
Burley, ID 83318
Michellemcampbell1@yahoo.com**



Please include information below in your application essay.

1. Introduce yourself
2. Academic achievements
3. Extra curricular activities
4. Leadership
5. Community involvement
6. Special interests
7. Awards received
8. Employment experience
9. Future goals
10. Why you would be the best recipient to receive this scholarship!

Cassia Festival of Trees and Scholarship Application must include

1. Complete the application information including signature
2. Submit two letters of recommendation from adults
3. Copy of current high school transcript
4. Application Essay
5. Application received by **March 31, 2024** via mail or email

