

2023

Moore County Hospital Auxiliary
2023 Scholarship

1. Applicant must be (1) an employee of a Moore County Health facility , or (2) a Moore County resident at the sophomore level or beyond. (If your parents still live in Moore County, but you are at college or a university, you are still a Moore County Resident.) Which medical facility are you employed by? _____
How long have you worked there? _____
2. The scholarship must be used for the purpose of study in the medical field at an accredited college or university.
3. The scholarship funds will be paid to the finance officer of the college or university where the applicant is enrolled when proof of enrollment is evident. The scholarship is in the amount of \$500. Applications will be accepted from December 1 through December 30th of the year issued.
4. The scholarship recipient will be announced in the first week of January in the main lobby of the hospital. The time and date will be announced later.
5. Applications for the MCHD Auxiliary Scholarship may be picked up at the hospital receptionists's desk in the lobby or the gift shop. Applications should be returned to the receptionist or the gift shop by 5pm on December 30th, or mailed/postmarked to MCHD Auxiliary, PO Box 424, Dumas, TX 79209 by December 30 by 5pm.
6. Please provide a recent college transcript to The Auxiliary.

STUDENT INFORMATION

Each blank should contain an appropriate response. If the answer is "none" or "not applicable", please indicate.

NAME _____

Home Address _____
street or PO Box# city state zip

Home phone _____ cell phone _____

Father's name _____ occupation _____

Mother's name _____ occupation _____

Name of spouse (if applicable) _____

Spouse's occupation _____

Name(s) & age(s) of children _____

High School you attended _____ Year of graduation _____

Are you employed? _____ Where? _____ Hours per week? _____

COLLEGE INFORMATION

Have you made application for admission? _____ Have you been accepted? _____

Date you plan to enter/re-enter college? _____

Number of semesters hours you will carry? _____

Name of college you will attend? _____

Give full name and address of Financial Officer where the scholarship check should be mailed should you be chosen as a recipient.

What is your student ID# at your college? _____

In one page submit a typewritten narrative indicating your present college plans and future career plans. Areas of consideration for selection will include academic performance history, character and need.

Signature _____ Date _____