



Moore County Health Foundation Nursing Scholarship Application

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you a Moore County resident (circle one): Yes / No

Are you registered for classes on the Moore County Campus (circle one): Yes / No

Area of Study/ College (please circle one): RN LVN CNA PTA OTA SLPA MA LAB TECH RAD TECH SURGERY TECH

Grade Point Average \_\_\_\_\_

Financial Aid Application (FAFSA) (TAFSA) completed? (circle one): Yes / No

Annual Family Income: \_\_\_\_\_ Number living in home: \_\_\_\_\_ Work hours per week: \_\_\_\_\_

Demonstrated Leadership:

Activities/Community Service:

Statement of Need:

Please Submit Online at <http://www.moorecountyhealthfoundation.net/>

-or-

Return to Kathie Fuston | 224 E 2<sup>nd</sup> St | Dumas, TX 79029 | 806-934-7811 | [mchf@mchd.net](mailto:mchf@mchd.net)

**Deadline for 2026 Fall Application is Friday, August 14th at 5pm - LATE APPLICATIONS WILL NOT BE ACCEPTED**