



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 2nd St | Dumas, TX 79029 | 806-934-7811 | mchf@mchd.net

Deadline for 2026 Summer Application is Thursday, May 14th at 5pm - LATE APPLICATIONS WILL NOT BE ACCEPTED