



Application for Auxiliary and Foundation Scholarships

Instructions:

1. Print or type all information except signatures.
2. For consideration, this application must be postmarked by the following deadlines:
NO LATER THAN June 1 for fall semester
NO LATER THAN November 1 for spring semester
NO LATER THAN April 15 for summer semester (not all scholarships offer summer session)
3. Fill in all blanks. Applications with blanks will not be considered. If answer is no, so state.
This application should be mailed to: ***MRHC Foundation Scholarship Committee,***
P.O. Box 1228, McAlester, OK 74502

Recipient will receive a scholarship to be used for books or tuition and fees, not to exceed \$500.00 per semester.

Applicants must have graduated or plan to graduate high school when this application is submitted or a person continuing their health related studies.

Applicants must be enrolled in a health related degree plan for consideration.

A minimum 3.0 G.P.A. is required to apply.

Recipient must attend an accredited two or four year college or accredited health care program.

Recipient must maintain at least a 2.5 grade point average to maintain the scholarship.

In the event recipient does not finish prescribed course and there is any refund of tuition, it will revert to the MRHC Foundation.

Applicant's Full Name _____

Home Address _____
Street, Route, or Box City County Zip

Date of Birth _____

Telephone Number _____ Social Security Number _____

Sex: Male _____ Female _____

Marital Status: Single ___ Married ___ Divorced ___ Number of Children _____

If married, is your spouse also attending college? ___yes ___no

Education: Where _____ Diploma/Degree _____ GPA _____

List high school, college, or work related accomplishments _____

List community service _____

List high school, college, or work extracurricular activities, clubs, honors, elected offices _____

Have you applied for or received any other scholarships? ___ yes ___ no. If yes, list source(s) and amount(s) of scholarship _____

What college do you plan to attend? _____

Have you been accepted to the college? ___ yes ___ no

What major course of study to you plan to pursue? _____

What are your plans upon graduation? _____

Number of children who will be living at home in 2009-2010. ____

Number of children who will be attending college in 2009-2010 ____

Have other members of your family attended college? ___ yes ___ no

How many graduated from college? ____

Provide letters of recommendation from three (3) individuals. One of these should be your work supervisor or school advisor. Please attach these recommendations.

Attach an official copy of your most current transcript.

I certify that I am a legal resident of the State of Oklahoma and all information given on this application is true and accurate.

Signature of Applicant

Date

Be sure to enclose: 1. an official transcript
2. letters of recommendation

**Mail to: MRHC Foundation
Scholarship Committee
P.O. Box 1228
McAlester, OK 74502**