

Sheridan Memorial Hospital and Nursing Home Auxiliary

Health Careers Scholarship Program

1. The recipient must be a graduate of or graduating from a Sheridan County High School.
2. The scholarship will be based on scholastic ability, leadership, achievement, and need.
3. Graduating seniors entering a medical/health-care related field may apply, as well as students already enrolled in a medical/health-care field.
4. The recipient of the scholarship may attend an educational institution either in Montana or outside of Montana.
5. A new applicant must include:
 - Copy of your most recent transcript.
 - One (1) full page typewritten essay, without the assistance of ChatGPT or AI - with your educational goals and financial need and list all other known scholarships you will receive.
 - One (1) letter of recommendation from an unrelated adult.
 - Complete the high school activities record that is attached.
6. A returning applicant must include:
 - Copy of your most recent transcript.
 - One (1) full page typewritten essay, without the assistance of ChatGPT or AI updating the committee on your financial need, educational journey and future goals.
 - One (1) letter of recommendation from a professor at your college/university with contact information for that professor.
 - Copy of registration/classes for the next semester
7. Complete the application requirements and return to:
 - Sheridan Memorial Hospital and Nursing Home Auxiliary
Attn: Scholarship Committee
440 W. Laurel Avenue
Plentywood, MT 59254
8. Failure to submit all requirements will disqualify the student from receiving the scholarship
9. The funds will be awarded directly to the student.
10. All applications must be received, in their entirety, by April 30, each year.
11. Recipients of scholarships will be notified by the end of May each year.

SHERIDAN MEMORIAL HOSPITAL AND NURSING HOME AUXILIARY

HEALTH CAREERS SCHOLARSHIP APPLICATION FORM

Name: _____

Address: _____

Date of Birth: _____

Marital Status: _____

Email Address: _____

Phone: _____

Father's Name: _____

Mother's Name: _____

Ages of children living at home: _____

Number and grade level of children in college: _____

Name of High School: _____

Date of Graduation: _____

High School GPA: _____

1. Will it be necessary for you to seek part-time employment during the academic year to remain in school?

2. What educational institution of higher learning are you planning to attend?

3. If already enrolled, what year are you entering?

4. What is your contemplated field of study?

SHERIDAN MEMORIAL HOSPITAL AND NURSING HOME AUXILIARY HEALTH CAREERS SCHOLARSHIP APPLICATION FORM

High School Activities Record (Check appropriate years)

Academic Olympics	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Annual/Yearbook Staff	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Band	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Basketball	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Boys/Girls State	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
BPA	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Cheerleading	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Choir	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Class Officer	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Class Play	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Cross Country	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
FCCLA	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
FFA	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Football	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Golf	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Intramurals	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Jazz Band	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Journalism/Newspaper	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Mathletes	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
National Honor Society	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Pep Club	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Science Bowl	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Speech/Drama	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Student Council	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Track and Field	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Volleyball	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

Other Professional organizational memberships and health care work experience:

**SHERIDAN MEMORIAL HOSPITAL AND NURSING HOME AUXILIARY
HEALTH CAREERS SCHOLARSHIP APPLICATION FORM**

1. List participation in non-school activities:

2. List honors and awards:

- School Associated:

- Non-School Associated:

Signature: _____

Date: _____

SHERIDAN MEMORIAL HOSPITAL AND NURSING HOME AUXILIARY HEALTH CAREERS SCHOLARSHIP APPLICATION FORM

This checklist is for your use only to make sure you have provided all the required information before you submit your application. Please return your application to the address listed under #7 on the scholarship program page. The application must be received by April 30 each year.

A new application must include:

- Copy of your most recent transcript.
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Failure to submit all requirements will disqualify the student from receiving the scholarship.

Thank you for applying for our scholarship program. We know there is a great need in healthcare careers, and we wish you all the best!