



## HERBERT AND HARRIET PARIS HEALTH CAREER SCHOLARSHIP

APPLICATION FOR NON-TRADITIONAL STUDENTS

DEADLINE FOR FALL SEMESTER: **APRIL 15**

The **Mid Coast Hospital Auxiliary** raises money through various fundraisers as well as the Mid Coast Hospital Auxiliary Gift Shop. These funds are used for vital Mid Coast Hospital projects as well as health career scholarships for local area students. Each year the Auxiliary awards one or more scholarships to non-traditional students completing post-high school education after a period of time working or gaining education in another subject area. Preference will be given to employees of Mid Coast-Parkview Health. Students who previously applied for the scholarship for high school seniors will not be considered.

To be eligible, applicants must pursue education at an accredited institution, and they must major in a program that will lead to a healthcare career. The Auxiliary does not fund pre-med or biology majors. For more information about requirements, restrictions, and deadlines, please visit [midcoasthealth.com/auxiliary](http://midcoasthealth.com/auxiliary).

### INSTRUCTIONS TO THE APPLICANT

Download and complete the attached application, which is available as a fillable .PDF at [midcoasthealth.com/auxiliary](http://midcoasthealth.com/auxiliary). If you require more space, you may attach additional sheets.

Email the completed application, essay and list of anticipated classes to [MCHA.Scholarships@gmail.com](mailto:MCHA.Scholarships@gmail.com) by April 15 for the fall semester. Ensure that your school and your mentor email their documents directly to the same email address.

Ensure the application package includes all of the following:

- Completed application
- Essay
- Transcript
- Course list of anticipated classes
- Letter of recommendation submitted directly to the Mid Coast Hospital Auxiliary by your mentor

Please email any questions to the Mid Coast Hospital Auxiliary Scholarship Committee at [MCHA.Scholarships@gmail.com](mailto:MCHA.Scholarships@gmail.com).

# MID COAST HOSPITAL AUXILIARY

## HERBERT AND HARRIET PARIS HEALTH CAREER SCHOLARSHIP

### APPLICATION FOR NON-TRADITIONAL STUDENTS

#### PERSONAL & FAMILY INFORMATION

Applicant's Name:			
Home Address:			
Phone:			
Email:			
Date of Birth:			
Spouse's Name:			
Spouse's Occupation:			
Number of Dependents:		Number of Dependents in College:	
Please indicate the highest level of school you have completed.			
<input type="checkbox"/> High School <input type="checkbox"/> College, 1 yr <input type="checkbox"/> College, 2 yrs <input type="checkbox"/> College, 3 yrs <input type="checkbox"/> College, 4 yrs <input type="checkbox"/> AA/AS <input type="checkbox"/> RN <input type="checkbox"/> BA/BS			
College Major:		Other Degrees:	

#### EMPLOYMENT & FINANCIAL INFORMATION

Current Employer:	Date of Hire:
Position/Department:	Hours per Week:
Are you eligible for education reimbursement from your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the limit per year.	
Please list the amount of other scholarships, financial aid, grants, discounts, or reimbursements you receive.	

#### COLLEGE/UNIVERSITY INFORMATION

Please list the college, university, or other educational institution you plan to attend. Indicate the name of the school and the mailing address of its financial aid office.	
School Name:	<input type="checkbox"/> Accepted <input type="checkbox"/> Pending
Mailing Address:	
School Website:	
Major/Field of Study:	
Intended Degree:	
Occupational Goal:	
Describe your educational timeline and its costs per year (include credit hours costs, fees, etc. as needed)	

#### ESSAY

Attach to this application a brief essay explaining why you wish to receive the Mid Coast Hospital Auxiliary Herbert and Harriet Paris Health Career Scholarship. Discuss the course of study or major you intend to pursue, why you chose it, your proposed occupation or profession, and your long-range goals. Include any pertinent information that has not been covered elsewhere.

Signature or Digital Signature of Applicant

Date