

Frances Mahon Deaconess Hospital Foundation, Inc.
621 3rd Street South
Glasgow, Montana 59230

2022 Medical Field Scholarship Application

Date: _____ Current Major: _____

Name: _____ Email Address _____

Mailing Address: _____

Phone Number: _____ Message Number: _____

Education: _____

High School	Year Graduated
College	Years Attended Major – Desired Career
College	Years Attended Major

Work Experience (Include any work experience in your field of study) _____

Extra Curricular or Volunteer Activities (Include any in your field of study) _____

Honors Received: _____

Describe the field of medicine which you are seeking a degree, your expected graduation schedule, and the educational requirements related to your program:

PLEASE ATTACH THE FOLLOWING DOCUMENTATION:

1. Official College Transcripts (no web page printouts or copies will be accepted).
2. Two letters of recommendation. Must have current date, be on letterhead, and be original – no copies - *if you have applied before use new people each year.*
3. Minimum One Page Essay: "Why I am pursuing a career in healthcare and how this scholarship would assist me in obtaining my goals."
4. School and Address to send any award checks to. No checks will be sent to the student.

Return/Mail to:
FMDH Foundation Office
621 3rd Street South
Glasgow, MT 59230
Must be post marked by May 31, 2022