Friends of FMC Healthcare Career Scholarship Program

Friends of FMC Foundation · Baker, Montana

Program Overview

No matter what shape health care takes in the future, there will always be a need for people who provide skilled and compassionate care. Pursuing a career in healthcare will undeniably have its challenges. What shouldn't be a challenge is finding the financial resources to help achieve career goals. To this end, Friends of FMC Foundation has established the Friends of FMC Healthcare Scholarship Program.

Friends of FMC Foundation is dedicated to helping the students and healthcare workers of today become the caring healthcare professionals of tomorrow. The Friends of FMC Healthcare Career Scholarship Program is designed to facilitate the development of an educated healthcare workforce. Each year, scholarships of up to $1000 are awarded to college students from our service area, as well as FMC employees who are interested in furthering their healthcare careers.

Eligibility Criteria

All applicants must meet the following criteria:

- Must pursue study on a full-time or part-time basis in healthcare programs that represent career opportunities at Fallon Medical Complex.
- Academic excellence. Applicants shall have maintained a 3.0 GPA or better in their previous studies; high school GPA shall be considered for first year students. The scholarship committee may waive this requirement at their discretion in consideration of work experience and performance records as qualifying criteria for FMC employees.
- Attend a school or college accredited in the field for which the scholarship is granted, or enrolled in an advanced training program as approved by the scholarship committee.
- Upon graduation, a degree or certificate related to the delivery of healthcare in rural communities shall have been attained.
- Must be a US Citizen or possess a Permanent Resident Visa
- Must reside in Fallon, Wibaux, or Carter Counties, Montana and plan to return to work, or remain working in a healthcare-related field in one of these counties.
- Must be available for a qualifying interview.

Application Requirements

All applicants must submit the following items; incomplete applications may not be considered:

- The original scholarship application. Copies shall not be accepted.

- Official transcripts from attended educational institutions. This requirement may be waived by the scholarship committee for FMC employees who attend advanced training programs.
- A statement of career intention to work in a healthcare-related field, displaying current interest by listing past employment or volunteer work within a healthcare organization. This statement should be no more than 250 words in length.
- Two recommendations from individuals familiar with the applicant, such as teachers, mentors, or employers, who can discuss the applicant's scholastic potential, personal qualities, and enthusiasm or passion for the healthcare profession. Recommendations from family members will not be accepted.

Scholarship Provisions

- The maximum scholarship award shall be $1,000 and shall be determined by the scholarship committee.
- Scholarships shall be awarded annually during the same time period. Applications must be received in the Foundation's office by the last of February of each year that the scholarship is offered.
- Applicants shall receive a response to their application no more than 60 days following submittal.
- Preference shall be given to those individuals pursuing a career that has been experiencing demonstrated shortages of personnel at FMC.
- Students living in the FMC's service area shall be given preference. College students returning to work at FMC may be eligible for student loan repayment.
- Scholarship disbursements may only be used by students to pay for tuition, fees, books, supplies and equipment.
- In most cases, scholarships shall be paid directly to the educational institution.
- Proof of acceptance into an accredited or approved program must be provided by a scholarship recipient prior to funds being disbursed.
- Disbursements may be divided in equal sums payable during two or more logical educational divisions, such as quarters, semesters, modules, etc. A scholarship recipient must submit proof of continued participation in their original healthcare program, or another healthcare program as approved by the scholarship committee, prior to receiving subsequent disbursements after the first. The scholarship committee may withhold or cancel any disbursements after the first for a failure to maintain a 3.0 GPA or better in previous studies.
- Scholarship recipients may reapply for further consideration after their original scholarship has expired.
- Awards presented to FMC employees may be treated as income to the employee, and as such, may be subject to payroll withholdings as required by law.
- Acceptance of the scholarship constitutes permission for FMC to use the recipients' names, biographical information and pictures for publicity purposes.

FRIENDS OF FMC FOUNDATION
HEALTHCARE CAREER SCHOLARSHIP PROGRAM
APPLICATION

"Friends Healing Friends"

FALLON MEDICAL COMPLEX

202 South 4th Street West
PO Box 820
Baker, MT 59313-0820
(406) 778-5116

fmc "Friends Healing Friends"

FALLON MEDICAL COMPLEX

HEALTHCARE CAREER SCHOLARSHIP PROGRAM APPLICATION

Healthcare Field of Interest _____ Date _____

Name _____ Phone _____

Address _____ City/State _____ ZIP _____

E-Mail Address _____ Website _____

US Citizen: _____ Yes _____ No Eligible Non-Citizen # _____ (Provide a card copy).

High School _____ City/State _____

Cumulative GPA _____ Date of Graduation _____

College _____ City/State _____

Cumulative GPA _____ Date of Graduation _____

Major Field of Study _____

Student Status: _____ Full Time _____ Part Time Degree Sought _____

Post secondary education (present college students only):

Name of School	City/State	Years Attended From/To	Major

List your participation in significant extracurricular, community & personal activities (attach additional pages).

Activity	Office(s) Held	Dates of Participation

Note any honors or awards you have received for scholastic and other achievements.

Award	Date Achieved

List employment (full and part time), volunteer activities (list number of hours volunteered), and internships.

Employer	City/State	Job Title	From/To

Why have you chosen to enter your major field of study? What are your career goals? (250 words or less).

FINANCIAL DATA

Estimate your educational expenses per year (tuition, fees, books, supplies, equipment: $ _____

For how many years? _____

Are you now seeking or have you ever received any other financial assistance (scholarship grants, aids, etc.)? If so, please list:

_____

_____

_____

Please include any information about your financial situation that you feel would assist us in evaluating your application:

_____

_____

_____

RECOMMENDATIONS

Two recommendations are required from individuals who are familiar with you, such as teachers, mentors, or employers. Recommenders must be able to discuss your scholastic potential, personal qualities, and enthusiasm or passion for the healthcare profession. Recommendations from family members will not be accepted. Recommendations may be sent with your application or mailed directly to Friends of FMC Foundation.

If they so choose, recommenders may send their recommendation form in a sealed envelope with their signature across the sealed flap to ensure confidentiality of their statements.

Applications without two letters of recommendation and /or form are considered incomplete and will not be reviewed for awards. All application materials, including letters of recommendation and / or form, must arrive at the Friends of FMC Foundation offices no later than the last day of February of each year that the scholarship is offered.

AGREEMENT/SIGNATURE

I certify that the above information is complete, true, and correct to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this application. I have read all scholarship conditions as provided and agree to abide by such.

_____ _____

Applicant's Signature *Date*

Equal Opportunity: Fallon Medical Complex awards scholarships without regard to race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

APPLICATION INSTRUCTIONS

Please submit the following items in one package:

1. This original application filled out completely and accurately – **please type or print**.

2. An official transcript of your high school grades which includes class rank.

3. An official transcript of any college education completed thus far.

4. Proof of acceptance into an accredited or approved program by your higher education school or college.

5. Two letters of recommendation and /or form. Letters may alternatively be sent directly to Friends of FMC Foundation, but this application will not be considered until the letters of recommendation and/or form arrive.

6. You may include any additional information that you feel will be helpful to the committee in the evaluation of your application.

7. **All application materials, including letters of recommendation and/or form, must arrive at the Friends of FMC Foundation offices no later than the last day of February of each year that the scholarship is offered.**

Mail all application materials to:

Friends of FMC Healthcare Career Scholarship Program
P.O. Box 820
Baker, MT 59313-0820

Direct any questions or comments to:

Karol Zachmann, Foundation Coordinator
Phone (406) 778-5448
FAX (406) 778-2488
kazachma@fallonmedical.org

"Friends Healing Friends"

FALLON MEDICAL COMPLEX

RECOMMENDATION FORM FOR: _____

(Applicant's Name)

To the Recommender: The Friends of FMC Healthcare Career Scholarship Program is designed to facilitate the development of an educated healthcare workforce. Scholarships of up to $1,000 will be awarded to students who best exhibit the following attributes:

a) Academic achievement
b) Healthcare involvement
c) Enthusiasm or passion for a career in healthcare

Applicants are required to submit two confidential letters of recommendation and / or form from individuals familiar with the applicant, such as teachers, mentors, or employers.

Please complete this form, keeping in mind this applicant's qualification for the scholarship based on the three qualities mentioned above. Then return the completed recommendation form either to the applicant or send it directly to Friends of FMC Healthcare Career Scholarship Program, PO Box 820, Baker, MT 59313-0820. If you would like to submit this form confidentially, you may place it in an envelope and sign your name across the sealed envelope flap**.** This letter of recommendation must arrive at the Friends of FMC Foundation offices no later than the last day of February of each year that the scholarship is offered.

We appreciate your taking the time to complete this recommendation on behalf of the applicant.

Recommender's Name _____ Title_____

Relationship to the Applicant _____

How long and in what capacity have you known the applicant? _____

_____

Why should the applicant be considered for this scholarship?

How has the applicant shown an interest in healthcare?

What qualities does the applicant have which indicate an ability to succeed in the healthcare field?

Other information about the applicant that you feel may be pertinent to this application:

Recommender's Signature *Date*

fmc "Friends Healing Friends"

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