



# Billings Clinic Foundation Scholarship Application

2012-2013 Scholarship Application Form  
Application Postmark Deadline March 31, 2012

*To be eligible for consideration, this application **must be typed**  
and submitted using this form. The application can be  
completed online and printed.*

NAME:

LAST FIRST MIDDLE

ADDRESS:

STREET CITY ST ZIP

PERMANENT PHONE # CELL PHONE #

EMAIL ADDRESS SOCIAL SECURITY #

EDUCATION:

HIGH SCHOOL CITY EXPECTED GRADUATION YEAR

COLLEGE:

SCHOOL NAME CITY ST ZIP

CAREER CHOICE GRADUATION DATE (MM/YY)

TRADITIONAL STUDENTS:

Department at Billings Clinic where your parent or legal guardian works

Your parent or legal guardian's position

Date of parent/guardian's employment

TYPE OF SCHOOL (check one):

- Four Year College or University
- Two Year Junior or Community College
- Vocational/Technical School

TYPE OF SCHOLARSHIP (check one):

- Work Commitment
- Health Career

TYPE OF PROGRAM (check one):

- LPN RN (BSN or MN only)
- Rehabilitation (Occupational/Physical/Speech Therapy)
- Rehabilitation (COTA, PTA, Speech Therapy Assistant)
- Laboratory (Medical Technologist/Histology/Cytology)
- Laboratory (Medical Lab Assistant)

- Ultrasound/Sonography
- Pharmacy
- Pre-Med
- Radiation Therapy
- Respiratory Therapy

WORK EXPERIENCE: Describe your work experience during the past three (3) years:

Company Name/Address

Position

Date (from/to)

VOLUNTEER ACTIVITIES: (List up to four (4), describe the number of hours volunteered, and what you learned from these experiences.)

HONORS RECEIVED: (List the most important honors you have received. Maximum of 6 allowed.)

NOTE ANY SPECIAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED BY THE COMMITTEE:

HOW WILL YOUR COLLEGE EDUCATION BE FINANCED:

ANTICIPATED ANNUAL COSTS: \$

IN 250 WORDS OR LESS, ANSWER THIS QUESTION: THE REASON I CHOSE A CAREER IN HEALTH CARE AND WHY I WILL BE GOOD IN THE PROFESSION I IDENTIFIED ON PAGE 1:

(Initial Here) **If applying for the "Work Commitment Scholarship,"** I understand and agree to a 12 month period of employment at Billings Clinic if a position is available and offered to me upon graduation. Falsification of information will result in the Work Commitment Scholarship becoming immediately due and payable to Billings Clinic. I understand that if I end my college course of study I must repay the Work Commitment Scholarship monies. This application becomes the property of Billings Clinic.

I have been accepted into my clinical program of study (work commitment applicants only.)  
Yes    No    Pending

I certify that the information provided is complete and accurate to the best of my knowledge.

Applicant's Signature

Date

Please submit in **one package**: 3 copies of application, 3 sealed letters of recommendation and 1 copy of most recent official high school transcript or G.E.D. and current college transcript, if applicable.

Mail **complete** package to the following address.

Scholarship Committee  
Billings Clinic Foundation  
P.O. Box 31031  
Billings, MT 59107

**Must be postmarked by March 31, 2012. Late or incomplete applications will not be considered.**

Equal Opportunity: Billings Clinic Foundation awards scholarships without regard to race, religion, creed, age, sex or national origin.