



Daniel Gilstrap Memorial Scholarship Application

2021 Scholarship Application Form

Application Deadline End of Business March 12, 2021

To be eligible for consideration, all documents must be submitted in the format as shown on this application.

NAME:

Last First Middle

DOB:

ADDRESS:

Street City ST ZIP

Primary Phone #

Email Address

EDUCATION:

High School City Graduation Year

COLLEGE:

Name of college City ST ZIP

Expected Graduation Date (MM/YY)

TYPE OF College: (check one)

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

Type of Health Care Career you are pursuing: (check one)

- Biomedical Technology/engineering
- Electrician
- Carpentry
- HVAC Technician
- Clinical Engineering
- Infection Control Risk Assessment (ICRA)
- CNC Machine Tool Programmer
- Information Technology
- Pipefitter or steamfitter
- Plumber

Other (please specify)

WORK EXPERIENCE: Describe your work experience during the past three (3) years and how this will help you as a health care worker. No attachments accepted.

Company Name/Address

Position

Date (from/to)

VOLUNTEER ACTIVITIES: List up to four (4) and describe the number of hours volunteered and what you learned from these experiences. No attachments accepted.

Please use this space to share if there is something unique about you or your family that you would want the scholarship committee to know as they consider your application.

In 250 words or less, why do you want a career in health care and what qualities do you possess to succeed in your chosen career?

All applicants sign below:

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

Applicant's Signature

Date

(Your Electronic signature represents an original signature for this purpose)

Please submit - **one package consists of:**

- One (1) copy of this completed application with your original signature.
- One (1) copy of most recent official high school transcript or G.E.D. and current college transcript, if applicable.

Please email **complete** package to the following email address.

sseader@billingsclinic.org

Or

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

Scholarship Committee
Billings Clinic Foundation
PO Box 31031
Billings, MT 59107

Scholarships are awarded to Individuals who exhibit a strong desire and the potential to excel in the health care field.

Must be postmarked by March 12, 2021. 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.