

**MOUNTAIN STATES HEALTH ALLIANCE
SCHOLARSHIP APPLICATION**

(Please print legibly)

Applicant's Full Name _____ Email Address. _____

Current Team Member? _____ If so; Facility _____ Dept _____

Current Address _____
Street/P.O. Box _____ City _____ State _____ Zip _____

Cell Phone Number (_____) _____ Telephone Number (_____) _____

Preferred number for contact during school breaks _____

Preferred address for contact during school breaks _____

School of Acceptance _____ Program of Acceptance _____

Anticipated Date of Graduation _____ Date Accepted into Program Major _____

Grade Point Average _____ ACT/SAT Score _____ New Student _____ Continuing Student _____

Offices held in University Organizations and/or High School (if new student)

Honors and Awards Received

List the Name and Location of other Colleges Attended or Attending

Community Activities: Office, Awards, Ect.

Professional Association Affiliations

List volunteer services you have worked (hospitals, nursing homes, and others), if any

<u>Service</u>	<u>Location/Employer</u>	<u>Type Job</u>	<u>Avg. Hrs Weekly</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT (List data for each separate job)

<u>Employer</u>	<u>Location</u>	<u>Type Job</u>	<u>From/To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit the following with this application:

- 2 letters of reference (instructor / school counselor / employer)
- Letter of acceptance into applied program
- Latest transcript

I certify that the information provided in this application is true to the best of my knowledge.

Signature of Applicant

Date

Please return completed application to:

Mountain States Health Alliance

Attn: Recruitment Dept.

3135 Peoples St. Suite, 303

Johnson City, TN 37604

Fax: 423-431-6189

Please Email: CalhounWR@msha.com, WhiteMA@msha.com, ShorttHerbertTK@msha.com

Everything below this line is to be completed by Mountain States Health Alliance.

Approved: Yes _____ No _____

Interviewer Signature

Date

Print Name

Title

For information on scholarship opportunities with Mountain States Health Alliance
please contact the MSHA Human Resources Department @ [423-431-1004](tel:423-431-1004).