APPLICATION

Medical Assistant Scholarship Program Avera St. Mary's Hospital Pierre, South Dakota 57501

Application Deadline: Award cycle begins November 1, 2019 and continues until all scholarships are awarded.

| Name: Last | First | Mid | dle | | |
|--|----------------------|---------------------|----------------------|-----------------------|--|
| Permanent Address | City | State | Zip Code | Phone | |
| School Address | City | State | Zip Code | Phone | |
| 1. Attending Name of School | | Ве | eginning | | |
| 2. Academic Year | | Expected | Date of Graduation | 1 | |
| 1 | 2 3 4 | | | | |
| 3. Statement of financial ne | ed. | | | | |
| Please describe any other fi need is. | nancial assistance | e or scholarships y | you are receiving ar | d what your financial | |
| C | URRENT EDUCAT | IONAL LOANS OF | R SCHOLARSHIPS | | |
| Name of Source | <u>School Period</u> | | <u>Amount</u> | | |
| | (star | t date – end date |) | | |
| | (star | t date – end date |) | | |

| l, College | |
|------------------------------------|---|
| <u>Location</u> | Attendance Dates |
| | |
| | |
| pt of your most recent educa | tional experience and your GPA |
| | |
| Address/Phone #: | <u>Dates:</u> |
| | |
| | |
| | |
| | |
| nition you have received: | |
| | |
| | |
| and Interests (i.e. athletics, dra | amatics, music clubs and |
| | |
| | |
| | |
| | Address/Phone #: nition you have received: |

| 9 Doser | ribe why you want to become a Medical Assistant: | |
|---------------|---|----------------------------|
| o. Desci | the wify you want to become a Medical Assistant. | |
| | | |
| | | |
| | | |
| | | |
| 9. Subn | nit two sealed letters of professional recommendation from an employer or an | |
| educati | ional professional. | |
| Staten | If I am awarded a scholarship by Avera St. Mary's, it is my intention to complete ducation as outlined and to serve as a member of the profession for which preparing myself. I also agree to immediately inform Avera St. Mary's discontinuing or postponing my program/degree. I agree that this application credentials submitted by me or others on my behalf will remain the property of St. Mary's. | h I am about and all |
| Signatur | re: Date: | _ |
| Submit to: | t this complete application and attachments requested under question 4 and 9 | |
| | St. Mary's Hospital Angie Moran, Human Resources Partner | |
| | st Sioux Avenue | |
| Pierre, | SD 57501 | |
| Questio | ons can be made through e-mailing asmcareers@avera.org. | |