

2010 Janet Chisholm Martin Healthcare Scholarship

Funded by the Gritman Medical Center Foundation, Inc.

700 S. Main Street, Moscow, Idaho 83843
(208) 883-2220

INFORMATION

Number/Amount of Scholarship: Separate scholarships will be awarded totaling \$2000 cumulatively. To be used for the 2010-11 academic year.

Length of Scholarship: One academic year only. Scholarship will be divided per academic term.

Use of Scholarship: Scholarship may be used to help pay for expenses (tuition, fees, room, board, books) at any accredited institution of higher learning, for persons pursuing education in a healthcare field such as: **Doctor of Medicine, nursing, medical technicians, physical therapy, or pharmacy.**

Eligibility to Apply: High School Seniors: Any high school senior in Latah County, Idaho who has at least a 3.0 ("B") grade point average in high school and who has a financial need to attend college.

Current College/University Students: Any current graduate or undergraduate student attending an accredited institution of higher learning in Latah or Nez Perce counties (Idaho) or Whitman or Asotin counties (Washington) and already pursuing a degree in a healthcare field, who is maintaining at least a 3.0 ("B") grade point average, and who has a financial need to continue his/her education. Preference shall be given to Latah County high school graduates.

Gritman Medical Center Employee: Any current employee of Gritman Medical Center – or person who has been employed by Gritman Medical Center in the past 2 years – who is or will be pursuing healthcare education as outlined above.

Application Process: Applicants are required to submit the following:

- **Application form** (see attached);
- Copy of **school transcript** (if student) to verify GPA;
- **One letter of reference** from a teacher, counselor, principal or job supervisor.

Application Deadline: FRIDAY, MAY 28, 2010, at 5 p.m.

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APPLICATION FORM

On a separate piece of paper, please provide the following information and answer the following questions:

1. **Applicant Name**
2. **Home Address:** Street, City, State, ZIP Code
3. **Telephone Number**
4. **Email Address**
5. **Year and Name of High School Graduation**
6. If student: **Name and Address of School** you are currently attending.
7. If student: **Grade Level or Year in School.**
8. If student: **Cumulative Grade Point Average** at time of application.
9. If GMC employee: **Position and Department at Gritman Medical Center.**
10. If GMC employee: **What years have you worked at Gritman Medical Center?**
11. If high school senior OR GMC employee: **Name of educational institution you plan to enroll in later this year.**
12. **Which healthcare field do you intend to pursue, or are you already studying?**
13. **What is your career goal in the healthcare field?**
14. **List of relevant extracurricular activities you have engaged in during recent years.**
15. **List of relevant employment or volunteer activities you have recently done.**
16. **List any other relevant personal interests.**
17. Please write a **Brief Statement of Financial Need:** Why would this scholarship be helpful to pursue your healthcare education?
18. **Please close your application with the following statement:** *"I affirm that the information provided in this application is truthful and accurate to the best of my knowledge, and that any intent to provide inaccurate or false information may result in the disqualification of my application or revocation of the scholarship."*
19. Please **Sign and Date your application.**

Enclosed with your application must be:

- A copy of your **school transcript** (if you are a student) to verify your GPA;
- **One letter of reference** from a teacher, counselor, principal or job supervisor.

APPLICATION DEADLINE: FRIDAY, MAY 28, 2010, at 5 p.m.

- **Mail to:** Gritman Medical Center Foundation, 700 S. Main Street, Moscow, ID 83843
- **Fax to:** (208) 883-6571
- **E-mail in pdf form to:** jill.garnett@gritman.org