Montgomery County Memorial Hospital
Employee-Sponsored Scholarship

Name _____Telephone_____

Address_____ County Residing in _____

Parents or Guardian _____

Name of parent or grandparent working at MCMH campus _____

G.P.A. _____High School_____
(Must be at least 3.0) **Attach a copy of your high school transcript.**

Where do you plan to further your education next year?

_____

Have you been accepted? _____

What will be your specialized area of study in health care?

_____

Please list activities participated in and awards received while in grades 9 – 12, including offices held.

_____

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Write a short essay, not to exceed one page visualizing why you are interested in the healthcare field and are deserving of this scholarship.

Please return to MCMH, PO Box 498, Red Oak, IA 51566 Attn: Ronnel Herzberg
by April 16, 2021