

COAL COUNTRY COMMUNITY HEALTH CENTER FOUNDATION

High School Senior Scholarship Application Form

Coal Country Community Health Center Foundation knows how important it is that local residents gain the skills to be our community's health care providers of tomorrow.

We are pleased to invite graduating seniors who are seeking a career in a medical field (e.g., physician, nurse, therapist, technologist, pharmacist, etc.) to apply for a CCCHCF scholarship. Six \$500 scholarships will be awarded.

To be considered for these scholarships, a student must:

1. Be a high school senior in CCCHC service area. (Mercer, Dunn, and Oliver counties)
2. Intend to pursue studies in a medical field.
3. Complete the personal information section below.
4. Compile the required Scholarship Packet as described on the following page.
5. E-mail, mail, or deliver your Scholarship Packet to the address on the following page. Packets must be received by March 1, 2024.

Scholarships will be awarded on the basis of applicant letter, essay and application quality, scholastic excellence, community service and activities, and letters of recommendation.

APPLICANT PERSONAL INFORMATION

NAME HIGH SCHOOL

DATE OF BIRTH TELEPHONE NUMBER E-MAIL ADDRESS

HOME ADDRESS

CUMULATIVE HIGH SCHOOL GPA (submit transcripts) VOCATIONAL GOAL

INTENDED COLLEGE COLLEGE ADDRESS MAJOR

WHAT OTHER SCHOLARSHIPS HAVE YOU RECEIVED FOR THE COMING SCHOOL YEAR

I AFFIRM THAT ALL STATEMENTS INCLUDED IN THIS SCHOLARSHIP PACKET ARE TRUE, COMPLETE AND CORRECT I AUTHORIZE THE USE OF MY PHOTO AND THE INVESTIGATION OF ALL MATTERS COAL COUNTRY COMMUNITY HEALTH CENTER FOUNDATION DEEMS RELEVANT TO MY APPLICATION, INCLUDING ALL STATEMENTS MADE IN THIS APPLICATION AND ANY ATTACHMENTS OR SUPPORTING DOCUMENTS. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION AND RELEASE CCCHC FOUNDATION FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING SUCH AN INVESTIGATION.

SIGNATURE DATE

Instructions for Scholarship Packet Requirements

1. PERSONAL LETTER FROM APPLICANT

Write a letter directed to the CCCHCF Scholarship Committee describing your career and educational goals, and how you intend to reach those goals. Describe the qualities you have developed that will help you succeed in obtaining your goals. Explain what it is that inspires you to want to work in healthcare.

2. LETTERS OF RECOMMENDATION

Please provide two letters of recommendation from teachers, counselors, volunteer leaders, or work supervisors who can describe your abilities and potential to succeed as you pursue a career in a medical field. At least one of the letters must speak to your academic excellence.

3. ACTIVITY SHEET

Please list the activities and community service that you have been involved in during high school.

4. HIGH SCHOOL TRANSCRIPT

Please include a recent copy of your High School Transcript.

5. APPLICANT PHOTO

Please include a head and shoulders photograph of yourself. With your permission, the photo will be included with press releases sent to the media announcing award recipients. It may also be used in our own community report publication.

6. PLACE THE FOLLOWING IN A 9" X 12" ENVELOPE:

- a. Completed Scholarship Application Form
- b. Personal letter from applicant
- c. Two letters of recommendation
- d. Activity Sheet
- e. High School Transcript
- f. Photo

E-mail, mail, or deliver your scholarship packets to the following address:

**Coal Country Community Health Center
C/O Tiffany Carroll
1312 Highway 49 North, Beulah, ND. 58523
foundation@coalcountryhealth.com**

Packets must be received by March 1, 2024.

**IF YOU HAVE QUESTIONS, PLEASE CONTACT:
Tiffany Carroll, Administrative Assistant
701-873-7488
foundation@coalcountryhealth.com**