



Scholarship Application Checklist

PLEASE NOTE: AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED

ELIGIBILITY: Applicant must-

- Be a current resident of Monterey County for a minimum of one year.
- Be enrolled in an academically approved community college, medical tech certification program, four-year university healthcare program or graduate healthcare program.
- Must have at least one semester of healthcare program completed.
- Show evidence of good academic performance as verified by references and grade point average (GPA) from application to disbursement.
- Have verifiable financial need.
- Only apply a maximum of 3 times.

Students may apply *once during a semester* and *all the required documents* must be submitted each time.

REQUIRED DOCUMENTS:

_____ **Montage Health Foundation Auxiliary Scholarship Application**, completed and signed.

_____ **Letter of Introduction** written by you to the Scholarship Committee; describing you, your financial need, education plans and future goals. This letter may not exceed 1 – single sided page.

_____ **Financial Aid Verification**—Please contact the Student Financial Services Office at the school; one of the following must be submitted:

- If **Yes**.....Receiving financial aid—

Submit a copy of the ***Financial Aid Notification Award Letter*** indicating the source and amounts of financial aid you will be receiving and your financial need.

-OR-

- If **No**.....Not receiving financial aid—

Submit the (*Social Services*) ***Form Letter*** or a ***Financial Aid Form Letter*** completed by the Financial Services Office stating the reason you are not receiving financial aid or that you are only receiving the CCPG – California College Program Grant*. (Reasons such as: “does not qualify”; “did not apply”; “too many units”.)

*If you are only receiving the CCPG, *either* of the above letters is acceptable stating this fact and the dollar amount waived.

_____ **Official Transcript** (*a copy is not acceptable*) of your most recently completed semester. Please order these early!

_____ **MHF Auxiliary Performance Evaluation Statement** completed by an Instructor in the healthcare program.

(Please have instructor complete the blank form provided)

_____ **Verification of Student Status** form or letter completed by the Healthcare Program Director or the Program Secretary, giving your current enrollment status and your date of graduation.

The Scholarship Committee meets on the 1st or 2nd Tuesday of April and November.

The application with all the required documents is **due by** the 1st day of the **month before** the scholarship meeting. March 1st for Spring and October 1st for Fall.

If an application is submitted after the *deadline and/or is incomplete*, the application automatically be denied.

Approximately fourteen to twenty-one days after the Scholarship Committee Meeting, announcement letters are mailed to the applicants. The funds are mailed to the Financial Services or Scholarship Office at the school after receiving the students W-4 and thank you letter, unless otherwise stated in the announcement letter.

If you have any questions, please call:

(831) 625-4555 - Auxiliary Scholarship Coordinator

Please send your application to:

Montage Health Foundation Auxiliary
Attn: Scholarship Coordinator
P.O. Box HH
Monterey, CA 93942