NRMC Medical Staff Health Scholarship

Sponsor: NRMC Medical Staff				
Purpose: Encouraging the development	and pursuit of	interest in medical ar	nd health related	fields.
Name		DOB		
Address		City	State	Zip
Telephone			·	
High School		. Graduation Date		GPA GPA
·				
College/School/Training Program of Admittance				
Planned Course of Study				
Tuition Cost/Year		Funding Received		
Tulkin Costy Cal		Tunding Received		
We testify that the above statements are t	rue and that ar	ny funds received will	go toward tuitio	n/room & board at
the stated institution.				
Student Signature	Date	Guidance Counselor S	ignature	Date
·			·	
Please include or answer on a separate typed	sheet(s):			
	,,			
1. Transcript & standardized test scores				
2. What are your educational goals?				
3. How do you see yourself applying your ed	-			
4. What interest and experience do you have	in Health Profe	essions?		
5. Where do you see yourself in 10 years?				
6. Recommendations: Two (2) from person	s not related to	the applicant, at least o	ne with 20+ years	of work experience.
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Please return to: Nevada Regional Med	ical Center	Due Date: V	veanesaay, A	PEH 20, 2010

800 S. Ash Nevada, MO 64772

Attention: Kee Bausch