



Benefis Health System Foundation

Terry L. Jackson, M.D. Memorial Scholarship

Physical Therapy Assistant

Dr. Terry L. Jackson was a physician who specialized in pain management, physical medicine and rehabilitation. He practiced in Great Falls for 11 years and served as Director of Rehabilitation at Columbus Hospital. It was his wish to establish a scholarship fund to assist students pursuing careers in medicine.

Benefis Health System Foundation administers the *Terry L. Jackson, M.D. Memorial Scholarship*. Selections will be made through the Foundation's Healthcare Scholarship Selection Committee. The amount and number awarded for these Scholarships is subject to change each year.

Award Criteria

Applicant must meet the following criteria:

- Be a Great Falls College – Montana State University student enrolled in the Physical Therapy Assistant Program.
- Identify professional goals.
- Have achieved formal acceptance into the Physical Therapy Assistant Program.
- Demonstrate leadership abilities and show sound clinical performance.
- Demonstrate service to community, Great Falls College MSU and/or your profession.
- Submit two (2) confidential letters of recommendation in sealed envelopes.
- Submit a written letter regarding the Physical Therapy profession and what it means to you.
- Completed Consent and Disclosure form.
- Finalist will possibly be asked to participate in an interview as part of the selection process.

APPLICATION DEADLINE:

October 1st for fall and spring semesters

Scholarship will be awarded for fall semester with renewal for spring semester contingent upon attaining a 3.00 GPA for fall semester.

Completed applications must be submitted by mailing to **Benefis Health System Foundation, Attn: Healthcare Scholarship Program, PO Box 7008, Great Falls, MT 59406-7008** or deliver to 1200 25th St S, Benefis Health System Foundation office, Great Falls, MT. For information, call 455-5840 or access the website at www.benefisfoundation.org. Scholarships will be awarded upon availability and will be selected by the Healthcare Scholarship Selection Committee. Scholarship checks will be made payable to the accredited school.



Benefis Health System Foundation Terry L. Jackson, M.D. Memorial Scholarship

Applicant's Full Name _____

Current Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Expected date of graduation _____ Current grade point average or GPA from latest degree earned _____

Do you work outside school? _____ Hours per week _____ Work Phone _____

Have you applied for a scholarship with us previously under another name? ___ Yes ___ No
If yes, what name(s) was it? _____

For what percentage (approximately) of your educational expenses are you personally responsible? _____

Are you currently receiving any other type of financial aid in the form of a grant or loan? _____

Are you currently receiving any other awards or scholarships? _____ If yes, which ones? _____

Please include with this Application:

- A brief description of why you feel you should be considered for this award.
- Include a combination of academic, leadership qualities, clinical skills, and detail any community involvement.
- Identify your professional goals.
- Submit a written letter of formal acceptance into the Physical Therapy Assistant program at GFC - MSU.
- Submit two (2) confidential letters of recommendation in sealed envelopes.
- Submit a written letter regarding the Physical Therapy profession and what it means to you.
- Your most recent college transcript.
- Completed Consent and Disclosure form.

Omission of any of the above information may eliminate your application from consideration! All requested materials must be submitted with the application.

**APPLICATION DEADLINE:
October 1st for fall and spring semesters**



BENEFIS HEALTH SYSTEM BACKGROUND RELEASE AND
AUTHORIZATION FORM


PLEASE PRINT:

 _____


First Name

 _____

Middle Initial

 _____

Last Name

 _____

Date of Birth (MMDDYYYY)

 _____

Social Security Number

 _____

Primary Telephone Number


 _____

Current Address

Apartment #

 _____

#yrs at this address

 _____


City

 _____

State

 _____


Zip Code

 _____

Driver's License Number (no dashes)

 _____

License State

 _____

Email Address

Benefis performs a background check on all successful applicants. In order to perform the check we need your driver's license number and date of birth. This information is never disclosed to interviewers and is only available to the employment office once you have been selected for a position. If you should have any concerns or questions, please call Benefis Employment at 406.455.5175.

Date: _____

Signature of Applicant: _____

Print

Name: _____