



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	ected date of graduationCurrent grade point average or GPA from latest degree earned				
Do you work outside school?	Hours per week .	Work Pho	one		
Have you applied for a scholarshill If yes, what name(s) was it?			No		
For what percentage (approximat	ely) of your educational expen	ses are you personally re	esponsible?		
Are you currently receiving any o	ther type of financial aid in th	e form of a grant or loa	n?		
Are you currently receiving any o	ther awards or scholarships?	If yes, which	ones?		
Please include with this Application	on:				
☐ A brief description of wh	y you feel you should be consid	dered for this award.			
 Include a combination of involvement. 	academic, leadership qualities	s, clinical skills, and deta	ail any community		
 Identify your professional 	goals.				
 Submit a written letter of 	formal acceptance into the Ph	nysical Therapy Assistan	t program at GFC - MSU.		
Submit two (2) confident	ial letters of recommendation	in sealed envelopes.			
Submit a written letter reYour most recent college	garding the Physical Therapy p transcript.	profession and what it n	neans to you.		
D. 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

BACKGROUND RELEASE AUTHORIZATION FORM AND FAIR CREDIT REPORTING ACT DISCLOSURE [FOR EMPLOYMENT PURPOSES]

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act,15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (http://www.ftc.gov).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during my employment at Benefis Health System.

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports

.For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966.

If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I have indicated below	
whether I would like a copy. Yes No	
Initials Initials	
If an investigative consumer report and/or consumer report is processed, I understand that I am entitled to receive copy. I have indicated below whether I would like a copy. Yes No Initials	e a

*California Applicants: If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). Certiphi Screening's privacy practices with respect to the preparation and processing of investigative consumer reports may be found at www.certiphi.com (link at bottom of page entitled, "Legal/Privacy").



BENEFIS HEALTH SYSTEM BACKGROUND RELEASE AND AUTHORIZATION FORM

PLEASE PRINT:			
irst Name		Middle Initial	
ast Name		Date of Birth (MMDDYYYY)	
ocial Security Number		Primary Telephone Number	
urrent Address	Apartment #	#yrs at this address	
ty	State	Zip Code	
river's License Number (no dashes)	License St	License State	
mail Address			
Benefis performs a background check on all our driver's license number and date of birth available to the employment office once yo concerns or questions, plea	. This information is never disc	closed to interviewers and is tion. If you should have any	
Oate: Signatu	Signature of Applicant:		
rint James			