



Benefis Health System Foundation Scholarship Application

Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Social Security Number _____ Have you ever been convicted of a felony? ____ Yes ____ No
If yes, explain _____

Would you be willing to sign a Work Commitment Agreement with Benefis Health System? (Circle one) Yes No

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

What is the name of the educational facility you have been accepted to attend? **(Please check one)**

- | | | | |
|---|-----------------------------------|--------------------------------------|---|
| MSU College of Nursing: | <input type="checkbox"/> Billings | <input type="checkbox"/> Great Falls | <input type="checkbox"/> Great Falls College MSU |
| <input type="checkbox"/> MSU Northern | <input type="checkbox"/> Bozeman | <input type="checkbox"/> Kalispell | <input type="checkbox"/> Carroll College |
| <input type="checkbox"/> U of M Missoula | <input type="checkbox"/> Missoula | | <input type="checkbox"/> University of Providence |
| <input type="checkbox"/> Other (Please list name of school) | _____ | | |

Name of program/degree _____

Date program begins _____ Will you be a full-time or part-time student? _____

How many credits are you taking? _____ (circle one) qtr or semester Anticipated date of graduation? _____

Semester(s) applying for? _____ Anticipated cost of tuition and book fees per semester? _____

Have you been notified of any assistance or other scholarships that you will receive for your education program?
____ Yes ____ No If yes, describe source, amount and duration. _____

If you have volunteer experience give the name of your supervisor and explain where and for how long you were involved. _____

Are any immediate family members (Parent or Spouse) employees of Benefis Health System, and if so, Full name and Relationship to you _____

Benefis Health System Employees:

Employee ID number _____ Department Name _____

Please list any other positions you have held at Benefis Health System or in healthcare related fields and the dates, beginning with the most recent. _____

Non-employees of Benefis Health System:

Are you currently employed? _____ Hours per week _____ Employer _____

With this application, please submit all of the following requested information in one packet only!

Omission of any of the requested information will eliminate your application from consideration.

1. A copy of the letter of acceptance into a certified/accredited healthcare program or college.
2. Copy of transcripts reflecting last two years of academic study, if study occurred within the last five (5) years.
3. Two (2) confidential letters of recommendation **in sealed envelopes**. If you are an employee of Benefis, these cannot be from a Benefis manager or Benefis co-worker.
4. A letter stating reasons for choosing the area of healthcare you are interested in as your field of study.
5. A written explanation of financial need.
6. Completed Consent and Disclosure form.

If you are selected to receive a scholarship, the Foundation reserves the right to publish your picture in newspapers, foundation newsletters and our web site. If you do not have a current photo and you are selected, we will assist you with a photo.

Review the Work Commitment Agreement as applicable to Benefis Health System.

This agreement depicts the grid for work commitment to Benefis Health System per dollars allocated.

Based on criteria submitted, the Selection Committee will review and make the final Scholarship selections.

Please mail packet to:
Benefis Health System Foundation
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

APPLICATION DEADLINE:

Must be received by midnight of June 1 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: _____