

SCHOOL ACTIVITIES

Activity	Dates of Participation

AWARDS (List the most important awards or honors received for scholastic or other achievements)

Award/Honor	Date Achieved

FINANCIAL INFORMATION

How will your college education be financed?

Have you applied for or received any other scholarships or financial assistance? If yes, please give source and amount:

ESSAY

On a separate page, please complete a 300 word essay addressing your financial need, accomplishments and why you have chosen a career in healthcare (including your future plans).

RECOMMENDATIONS

Three letters of recommendation are required from individuals who are familiar with you, such as a teacher, counselor, employer, etc. Recommendation letters must be received in a **SEALED** envelope. Recommendations from family members will not be accepted.

I certify that the information provided is complete and accurate to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Send completed application, essay, 3 letters of recommendation and most recent transcript in **one package** to:

St. Vincent Healthcare Foundation
Attn: Angela Slade
1106 North 30th Street
Billings, MT 59101

Must be postmarked by [April 1, 2012](#). Late or incomplete applications will not be considered. Scholarship recipients will be notified by May 1, 2012.