## About You



Name	<u> </u>			2023 Health Career	
Address				Scholarship Application	
City	State	8 -	Zip		
Phone Number			Email		
High School Attending				-	
College to Attend	à.		A		
Major					
Relevant Field Expe	rience				
Please list and describe a	ny experience	, previous	s or current, r	relevant to your chosen career path. This may	
include but is not limited	to work expe	rience, clı	ub or group ir	nvolvement, advanced coursework, community	
service, and/or extracurri	cular activitie	s.			

## Awards and Accolades

## Please submit the following with this application:

- 1. A personal statement (approximately 500 words) explaining why you believe a career in health care is right for you and what steps you plan to take, or have already taken, to achieve your goals.
- 2. Contact information (phone and email) for two references. Please include relationship to reference.
- 3. Copy of your high school transcript to include your last semester's grades
- 4. Current photo of yourself please send as digital file by email

Please return completed packet by email to capolson@nmhs.net, or deliver to the Education Department at NMMC-Tupelo or your local NMMC Hospital's Human Resources Department by March 31.