



HIGH SCHOOL ATTENDED:

- ◆ Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ◆ Date of Graduation: \_\_\_\_\_
- ◆ Grade Point Average: \_\_\_\_\_
- ◆ Academic Honors and/or Awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ◆ Other Recognitions and/or Achievements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ◆ SAT or ACT Scores: \_\_\_\_\_  
(specify SAT or ACT)

COLLEGES OR UNIVERSITIES ATTENDED:

- ◆ Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ◆ Curriculum/Major: \_\_\_\_\_
- ◆ Degree: \_\_\_\_\_
- ◆ Currently Enrolled: \_\_\_\_\_  
(yes or no)
- ◆ Date of Graduation: \_\_\_\_\_
- ◆ Grade Point Average: \_\_\_\_\_
- ◆ Academic Honors and Awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



REFERENCES:

List three persons as references who can verify your academic and personal qualifications to qualify for this scholarship award. Please ask your references to submit a letter to the Chairman of the Scholarship Committee:

Scholarship Committee  
Dahl Memorial Healthcare Assn. Inc.  
P.O. Box 46  
Ekalaka, MT 59324

- ◆ Reference: \_\_\_\_\_  
\_\_\_\_\_
- ◆ Reference: \_\_\_\_\_  
\_\_\_\_\_
- ◆ Reference: \_\_\_\_\_  
\_\_\_\_\_

REQUIRED DOCUMENTS TO ACCOMPANY THIS APPLICATION:

- ◆ High School Transcript
- ◆ Verification of SAT or ACT Scores
- ◆ College/University Transcript (if Applicable)
- ◆ Verification of Acceptance/Admission to Health Professions Training Program or to a College or University
- ◆ Essay/Statement of Professional Goals

DEADLINE OF APPLICATIONS:

The completed application with all attachments must be received no later than **May 1<sup>st</sup>**.

The application should be sent to: Chairman of the Scholarship Committee  
Dahl Memorial Healthcare Assn. Inc.  
P.O. Box 46  
Ekalaka, MT 59324-0046

I agree that if I am awarded a scholarship by the Dahl Memorial Healthcare Assn. Inc. that I will use the money for the intended purpose.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date