



NEW WEST
HEALTH CARE FOR MONTANANS SCHOLARSHIP

New West “Health Care for Montanans” Scholarship Application 2010 - 2011 Academic Year

INSTRUCTIONS FOR ADDITIONAL MATERIALS

You must include the following items to be considered for the scholarship:

1. Completed scholarship application
2. Official college transcript showing grades and academic status through December 2009:
 - a. Proof of status as a junior or senior in a four-year bachelors or masters degree program, or a graduate student, in a professional health care field such as nursing or public health at a participating Montana university or college
OR
 - b. Proof of status as a second year student at a two-year participating Montana educational institution
3. Essay of 250 words or less (refer to #14 on following page)

Applications must be postmarked by March 24, 2010. The application and essay pages must be signed and submitted along with the materials detailed above on or before the application deadline. Please be sure your name is on all attached sheets. **Incomplete or late application submissions will NOT be accepted.**

Notification of awards will be announced the week of April 5, 2010.

Note: New West Health Services will award the scholarship through the Montana Guaranteed Student Loan Program (Financial Aid Office) of the Montana Commissioner of Higher Education, and the respective school financial aid office.

If you have any questions, please contact us at 1-888-500-3355 or www.newwesthealth.com.

Please sign and mail application packet to:

Health Care for Montanans Scholarship
New West Health Services
130 Neill Avenue
Helena, MT 59601

**APPLICATIONS MUST BE POSTMARKED BY March 24, 2010
Incomplete or late applications will NOT be accepted**

SPONSORED BY NEW WEST HEALTH SERVICES

130 NEILL AVE. HELENA, MT 59601 | 406.457.2200 | 888.500.3355 | F: 406.457.2299

WWW.NEWWESTHEALTH.COM

New West Health Care for Montanans Scholarship
Official Application for the 2010 - 2011 Academic Year

You must mail the completed application along with an essay of 250 words or less, official transcript, and proof of college enrollment status at a Montana four-year/two-year college or university. Application must be postmarked by March 24, 2010.

Please print clearly or type your application.

1. _____
First Middle Last

2. Permanent Mailing Address: _____
Street/Box No. City State Zip

3. SSN or Student ID: _____ 4. Date of Birth: _____ 5. Gender: _____

6. Home Phone: _____ 7. Cell Phone (if applicable): _____

8. Email Address (if applicable): _____

9. Educational Background: _____
College/University Name City State

Expected Graduation Date: _____ GPA: _____

10. Please indicate at which college you will use the potential scholarship: _____

11. In what program of study are you majoring? _____

12. During academic year 2010/2011, what academic status will you have you reached? _____
(2nd year, Junior, Senior, Graduate Student)

13. In order to qualify for this scholarship you must be a Montana resident as defined in Board of Regents Policy 940.1, must be accepted or enrolled as a full-time student in the spring of 2010/2011, seeking your baccalaureate or graduate degree at a qualifying Montana post secondary institution.

I certify that I am a Montana Resident

14. New West's "Health Care for Montanans" Essay. On a separate sheet of paper, please describe why you are interested in your specific health care field, and how that would fit in your vision of what Montana's health care delivery should look like.

By signing this application I authorize my college or university to provide any necessary documents or information to New West Health Services (NWHHS) to confirm my eligibility for this award. I also authorize NWHHS and the Montana Guaranteed Student Loan Program to use my name and hometown in promotional materials and to provide my name and hometown to Montana newspapers. I certify that the information is true and correct to be best of my knowledge.

Applicant's Signature

Date