



## **New West “Health Care for Montanans” Scholarship Application 2009 - 2010 Academic Year**

### INSTRUCTIONS FOR ADDITIONAL MATERIALS

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

1. College transcript showing grades through December 2008.
  - a. Proof of status as a junior or senior at a Montana college or university enrolled in a health care shortage field, or as a graduate student in nursing at Montana State University or public health at the University of Montana.

OR

- b. Proof of status as a second year student at a 2-year Montana educational institution.

Applications must be postmarked by April 15, 2009. 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 no later than April 30, 2009.

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.

Completed application must be mailed and include an essay of 250 words or less, a college or university transcript, and proof of status from a campus of the Montana university system, Carroll College, Rocky Mountain College, or the University of Great Falls.

### **POSTMARKED BY April 15, 2009**

**Incomplete or late applications will NOT be accepted**

If you have any questions, please contact us at 1-888-500-3355 or [www.newwesthealth.com](http://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



**New West Health Care for Montanans Scholarship  
Application for the 2009 - 2010 Academic Year**

You must mail the completed application along with an essay of 250 words or less, transcript, and proof of college enrollment status at a Montana four-year college or university. Application must be postmarked by April 15, 2009.

Please print clearly or type your application.

1. \_\_\_\_\_  
First Middle Last

2. Permanent Mailing Address: \_\_\_\_\_  
Street/Box No. City Zip MT County

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 2009/2010, 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 2009/2010, 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 your ideal health care job in five years and how that would fit in your vision of what Montana's health care delivery should look like.

15. See page one for instructions for additional materials.

By signing this application I authorize my college or university to provide any necessary documents or information to New West Health Services (NWS) to confirm my eligibility for this award. I also authorize NWS 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