

Student Checklist

When applying for MidMichigan Health Foundation's Scholarships – Tolfree Scholarship, Dr. George Schaiberger, Sr., Dr. Howard VanOosten, and Dr. Lloyd Wiegerink Memorial Scholarship, and/or the Paul A. Poling Memorial Fund Scholarship, you must submit the following:

A signed release form to allow the financial aid office to release need-based information (form below)

A letter of recommendation from your teacher/professor indicating your GPA

Letters of recommendations (other than your teacher/professor) from three people who will address your strengths, skills and any other information that should be taken into consideration

A current transcript, official or unofficial

A completed application

Authorization to Access Financial Information

I authorize MidMichigan Health Foundation access to my current financial information at the college I am attending. This information will be used only on a need-to-know basis and will be requested only if needed. Upon the award of this scholarship, this information will be permanently destroyed.

I understand this release fulfills a portion of my application to the MidMichigan Health Foundation.

Name (Please Print)

Signature

Date

Scholarship Applicant Information

Name _____
Last First Middle

Address _____
Street City State Zip

Today's Date _____

Date of Birth _____ Age _____

Home Phone _____ Cell Phone _____

Parent's or Spouse's Name _____

Address _____
Street City State Zip

High School Graduation Date _____

Name of College Currently Attending _____

Program of Study _____

Number of Credits Earned _____ Current GPA _____

Are you reimbursed by your employer for tuition? Yes / No

Are you a child of a member of MidMichigan Medical Center – West Branch's Board of Directors or MidMichigan Health Foundation's Board of Directors, and/or any other wholly owned subsidiary board?
 Yes / No

If yes, what Board of Directors? _____

Name of Family member on Board _____

Have you applied for this scholarship before? Yes / No, If Yes, what year? _____

CERTIFICATION

I/We hereby affirm that the information on this form is true and complete to the best of my/our knowledge. I/We are aware of the conditions under which this scholarship is awarded and I/we agree to notify MidMichigan Health Foundation of any change in circumstances.

Student Signature

Date

Parent/Guardian Signature (If student is under 18)

Date

Submit by to:

MidMichigan Health Foundation
MidMichigan Medical Center – West Branch
2463 South M-30
West Branch, Michigan 48661

Or via email:
nicole.potter@midmichigan.org