

Morristown Hamblen Hospital Auxiliary
Scholarship Application

Submit to:

Morristown-Hamblen Healthcare System

Attn: Volunteer Services

P. O. Box 1178

Morristown, TN 37816

For questions call 423-492-5803

* \$750.00 will be given to two local high school seniors
entering the healthcare field.



MHHS Auxiliary Scholarship Application

I, _____, understand that I am applying for a MHHS Auxiliary Scholarship and affirm that I plan to pursue a career in the health care field.

This application, including the essay, is my own work or formally cited from other sources. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief. _____ (Initial)

Section 1:

Legal Last Name _____ First _____ M.I. _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone number _____ Email address _____

US Citizen Yes _____ No _____

Graduation Year _____

Annual Household Income (include parents income)

Number of persons in Household _____

Section 2:

High School you attend _____

Cumulative GPA _____ On a scale of _____

How many total credits will you have at graduation _____?

What institution do you plan to
attend _____?

Please list healthcare field you plan to enter _____

What degree are you seeking _____

Section 3:

List any honors you have received in High School including dates.

List any internships, volunteer positions, employment you have had in the past 4 years including dates of service.

Please list any community service you have completed including dates.

Section 4:

In one or two sentences, describe your career goal:

In 400 words or less discuss why you are a right fit for the MHHS Auxiliary Scholarship. Include how you feel about service toward your community as it relates to the healthcare field. (You may attach a typed document or hand write below)

Signature_____ Date_____

Deadline for 2023 Entries is April 01, 2023 at 3PM

