



Dr. Ed Miller Memorial Scholarship

Open to Clay County residents graduating from high school or those pursuing a second career in health care

Name: _____ Telephone: _____

Address: _____ State: _____ Zip: _____

Email Address: _____

High School Attended: _____ Graduation Year: _____

Last Degree Earned: _____ Graduation Date: _____ School Attended: _____

Health Care Career Pursuing: _____ School Attending: _____

Letter of Acceptance or Good Standing: Yes No

Anticipated Completion Date: _____

Specify any work experience in a hospital, clinic or a medical facility: _____

Extracurricular Activities (School or Community) (Please list dates and briefly describe activity)

Please submit the following with this application:

- ✓ 350-word essay, typed and double spaced, stating your reason for pursuing a career in health care and how you have prepared yourself to be successful in that career. Describe your character to include: strengths, weaknesses, achievements, recognition, work ethic, teamwork, etc. Include your skills, talents and gifts.
- ✓ Three sealed letters of recommendation from high school instructors, employers, clergy or community members.
- ✓ Copy of your high school transcript (3.0 GPA or above) and ACT score.

Return completed packet to acomer@nmhs.net, fax to (662) 495-2361 to the attention of Anne Comer or mail to the following address:

NMMC-West Point
150 Medical Center Drive
West Point, MS 39773
Attn: Anne Comer

Applications are due by Friday, April 12.