



## Rotary Club of West Point Scholarship

*Open to Clay County residents graduating from high school and/or pursuing a health care career*

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, gifts and interest in returning to work in Clay County.
- ✓ 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](mailto: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 April 12***