



ENHANCING HEALTH IN THE FLINT AND ROCK CREEK VALLEYS  
A MONTANA QUALIFIED ENDOWMENT

[WWW.GRANITECOUNTYMEDICALFOUNDATION.ORG](http://WWW.GRANITECOUNTYMEDICALFOUNDATION.ORG)

### *Granite County Medical Foundation Scholarship Application*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

#### Parent/Guardian Information

Name \_\_\_\_\_ Name \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

#### Academics

Cumulative Grade Point Average \_\_\_\_ Rank \_ of \_ ACT Composite \_\_\_\_

Attach a copy of your most current transcript.

What are your future plans? Note this scholarship may be used to pursue a degree in the medical field of two or four year programs.

What school do you plan on attending?

What is the cost of attending this institution?

List the scholarships you have you received?

What is your work history?

Summarize your financial need?

Name \_\_\_\_\_ Date \_\_\_\_\_

Deadline: April 1, 2024

Please send the completed application to [tobywetsch@drummondschool.net](mailto:tobywetsch@drummondschool.net)