

2017/2018 Scholarship Application

The BHHS Legacy Foundation is providing a large number of scholarships to full time students with a cumulative Grade Point Average of at least 3.00 who meet a number of enrollment and residency conditions. MCC students (continuing or new) who meet the eligibility described below are encouraged to apply.

Application Deadline: June 1, 2017

Scholarship Amount:

Up to \$5,000 for Fall 2017 and Spring 2018 semester.

Eligible Students:

- **Must demonstrate legal residence mailing address in the following areas:**
 1. Bullhead City, Arizona
 2. Mohave Valley, Arizona
 3. Fort Mohave, Arizona
 4. Topock, Arizona
 5. Needles, California
 6. Laughlin, Nevada
 7. Oatman, Arizona

- **Must be admitted to and enrolled in classes in the following Allied Health programs:**
 1. Radiological Technology
 2. Registered Nursing (Bullhead City Campus only)
 3. Licensed Practical Nursing
 4. Surgical Technology
 5. Physical Therapy
 6. Health Information Technology
 7. Paramedic program

2017/2018 Scholarship Application

You must submit this electronic application via your MCC email address.

1. Log onto your MCC email account.
2. Submit this application **as an attachment** (not pasted into the email itself).
3. Submit any other documents (letters of recommendation) **as attachments**.

Submissions from personal email accounts will NOT be accepted.

Full Name: _____ MCC Student ID#: _____

Full Mailing Address: _____

Best Phone Number: _____ Best Day/Time to call: _____

MCC Email Address: _____

We will send you notifications, updates or other general communication using your MCC Email Address and the email address you provided on your Free Application for Federal Student Aid (FAFSA).

MCC Email address:

You MUST submit your application via your MCC email address. There are several places on this application that you are asked to make signed statements or commitments. The MCC email address is how we are able to certify to the Legacy Foundation that you are making those statements or commitments.

Program of Study: _____ MCC Campus: _____

Semester(s) for which scholarship is requested: Fall 2017 Spring 2018

I authorize or do not authorize (please check your response) the Financial Aid Office of Mohave Community College to provide academic and financial aid information to BHHS Legacy Foundation concerning my application for this scholarship and continued compliance with requirements should I be selected as a recipient.

/ _____ / _____

Type your full legal name between the two hash marks

Date signed

Send this cover sheet and all application documents to: **FinancialAidProcessing@mohave.edu**
If you have questions, call MCC Connect at: 1-866-664-2832 (toll free)

If it is necessary to mail a hard copy, send the materials to: Financial Aid Processing
Mohave Community College, Bldg. 108
1971 Jagerson Ave.
Kingman, AZ 86409

**2017/2018 Scholarship Application
Explanation of Educational and Career Goals**

/ _____ /

Type your full legal name between the two hash marks

Date signed

**2017/2018 Scholarship Application
Description of 20 Hours as an “Act of Kindness”
Or, Make Two Classroom Presentations**

Explain how you will complete 20 volunteer hours that demonstrate an “Act of Kindness” to a worthy charitable or health related organization. This volunteer project is selected by the award recipient and performed within the 12 months of the scholarship.

Or, explain how the student will make two classroom presentations (one per semester) promoting pursuit of a career in the health sciences to local junior or senior high school students.

/ _____ /

Type your full legal name between the two hash marks

Date signed

Thank You Letter

BHHS Legacy Foundation
Board of Directors

Dear BHHS Legacy Foundation:

/ _____ /

Type your full legal name between the two hash marks

Date signed

2017/2018 Scholarship Application



STUDENT ATTESTATION STATEMENT

I certify that my scholarship application information is accurate to the best of my knowledge and understand that funds for Legacy Foundation scholarships and any funding renewals are at the discretion of BHHS Legacy Foundation. I also understand that I must meet all of the Legacy Foundation scholarship criteria in order to be considered and maintain my scholarship and hereby give BHHS Legacy Foundation permission to contact any individuals, employers, organizations, schools, or references for verification of my scholarship application information.

I have read and understand all of the scholarship criteria contained in the application for the scholarship and will comply with all requirements.

I have fully disclosed on my scholarship application to the best of my ability the various forms of funding that I am or will be eligible for in the current school year.

I will utilize all other applicable sources of federal and state grant awards for appropriate academic related expenditures prior to accepting the Foundation scholarship award. I understand that any balance of the Foundation scholarship award not needed because of other grant awards will be refunded to the Foundation.

I will maintain a cumulative G.P.A. on an annual school year basis of at least 3.0 or higher. I have and will continue to provide all requested records regarding my standing and grades.

I will use my best efforts to work in an allied health, nursing profession, related health profession or other profession (if approved by the Foundation) in the State of Arizona, Laughlin, NV or Needles, CA for at least two years following graduation in the funded program of study (in Arizona, preferably in Maricopa County, Bullhead City, Mohave Valley or Fort Mohave).

I have reviewed the attached list of BHHS Legacy Foundation Board of Directors and Officers and attest to the best of my knowledge that I am not related to any of these individuals nor do I live in the same home as any of them nor am I or any related person or entity a substantial contributor to the Foundation or to its affiliate Legacy Connection.

For each year of Legacy Foundation Scholarship support, I will select, engage in and report to the Foundation Board of Directors and management on a Volunteer Community Service Project of my choice (minimum of 20 hours within 12 months after selection for the scholarship) or provide written activity report and verification that the student has made classroom presentations (one per semester) to local junior or high school students promoting and supporting the student's approved program of study as an "Act of Kindness" in appreciation



BHHS Legacy Foundation Scholarship Program
at Mohave Community College



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for the scholarship support that they have received from the Legacy Foundation and utilized for the advancement of their career.

I will also prepare and mail a "thank you" to the Foundation Board of Directors expressing appreciation for the scholarship funding and, if possible, attend any special celebration events planned by the Foundation.

Printed Name: _____

Full Mailing Address: _____

Daytime Phone: _____ Email Address: _____

/ _____ /

Type your full legal name between the two hash marks

Date signed

I will receive financial support from the following Financial Institutions for the 17-18 Academic Year:

2017/2018 Scholarship Application



Board of Directors and Officers

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