1. This scholarship is equal to $500.00 per year. May re-apply annually.
2. Scholarship selection will be based upon financial need, minimum GPA of 3.0, and the applicant's goals and course of study is required to be in the medical field.
3. The scholarship is available to a student who has graduated from a high school in Cassia County, or is now a resident of Cassia County.
4. The applicant must have completed one year of college and/or have been accepted into a health care program.
5. Scholarship application must be filled out completely and submitted by the deadline.
6. The application must include 2 letters of recommendation.
7. The application shall include a copy of the most recent official transcript record.
8. The application shall include a photo to be used for publicity and will not returned.
9. Selection of scholarship recipients will be made by a committee of the Cassia Festival of Trees Scholarship Foundation Board.
10. Applications are due by March 30, 2015: Please send to:

Michelle Campbell
Cassia Festival of Trees Scholarship Foundation
2501 Normal Ave
Burley, ID 83318
312-5241
michelle@minicassiavoice.com
Date:__________________________________________

Health Care Program or Declared Major:__________________________________________

Name:__________________________________________

Mailing address:__________________________________________

Phone#:__________________________________________

Email Address:__________________________________________

College or University Attending:_____________________

Picture Enclosed:__________________________________________

By my signature, I affirm that I have read and understand the Cassia Festival of Trees Scholarship Foundation application and intend to comply with all conditions of the scholarship, if awarded.

__________________________________________________________________________
Date                        Signature

Michelle Campbell
Cassia Healthcare Foundation
2501 Normal Ave
Burley, ID 83318
312-5241
michelle@minicassiavoice.com
Education Background

Beginning with High School, list the schools and dates attended

1. ___________________________________________________________

2. ___________________________________________________________

3. ___________________________________________________________

4. ___________________________________________________________

Employment Information

Beginning with the most recent employment, full or part time, type of work and dates of employment

1. ___________________________________________________________

2. ___________________________________________________________

3. ___________________________________________________________

4. ___________________________________________________________

5. ___________________________________________________________

6. ___________________________________________________________

7. ___________________________________________________________

8. ___________________________________________________________
Please include information below in your application process.

1. Introduce yourself to us.
2. Hobbies and interests
3. What are your career goals?
4. Leadership
5. Community involvement
6. Special interests
7. Awards received
8. Tell us why you would be the best recipient to receive this scholarship!

Cassia Festival of Trees Scholarship Foundation

PERSONAL REFERENCE FORM
I am applying for an education scholarship from the Cassia Festival of Trees Scholarship Foundation. The scholarship will be based upon my GPA of 3.0 or higher, financial need, and my course of study in the medical field. As a reference, you have my authorization to give the information requested below.

____________________________________________________
Signature of applicant

____________________________________________________
Date

Please comment on your relationship with the applicant, how long you have known them, and why they would be deserving of this scholarship. (Please attach a letter of recommendation.)

____________________________________________________
Reference Signature

____________________________________________________
Date