

Tyler Jones Memorial Scholarship

for a graduating Hamilton High School senior pursuing a career in health care

Name:	Telephone:
Address:	State: Zip:
Email Address:	
High School Attended:	Graduation Year:
Health Care Career Pursuing:	School Attending:
Letter of Acceptance or Good Standing: \Box Yes	□ No
Anticipated Completion Date:	
Specify any work experience in a hospital, clinic or a m	nedical facility:
Extracurricular Activities (School or Community) (Plea	ase 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 capolson@nmhs.net, fax to (662) 377-7239 to the attention of Cora Polson or mail to the following address:

NMMC Education Dept. 830 S. Gloster Street Tupelo, MS 38801

Applications are due by March 31