



MEDICAL STAFF SCHOLARSHIP FOR MEDICAL STUDENTS

PURPOSE

Mt. Graham Regional Medical Center is a 49 bed, community owned, non-profit medical center serving Graham, Greenlee counties and Southeastern Arizona. The Medical Staff of Mt. Graham Regional Medical Center is proud to offer a scholarship to eligible allopathic and/or osteopathic medical students, who have an interest in practicing medicine in Graham or Greenlee counties. Administered by the Medical Staff, the scholarship was founded to recognize and encourage individuals who are pursuing a career in medicine.

ELIGIBILITY

Applicants must be accepted into or currently enrolled and in good standing in an allopathic or osteopathic school of medicine. The applicant should have a desire to practice medicine in Graham or Greenlee counties in the future.

APPLICATION

Interested allopathic/osteopathic medical students must complete the attached application and mail it along with:

- Two (2) Letters of Recommendation
 - One letter from a local source (Graham or Greenlee County)
 - One letter from a medical school faculty member or college professor.
- Written summary (1-2 paragraphs) explaining why you should receive this scholarship.
- Non-returnable wallet-size photo

Applicants are responsible for gathering and submitting all necessary information. Applications will be evaluated by the active medical staff members based on the information provided, therefore answer all questions as completely as possible.

Completed application and documents must be postmarked by April 15th and mailed to:

Mt. Graham Regional Medical Center
Scholarship for Medical Students
Attn: Medical Staff Coordinator
1600 S 20th Avenue
Safford, AZ 85546

(928) 348-4010

AWARD

Amount: \$2500

Previous applicants or recipients are encouraged to apply in subsequent years. Up to two scholarships are available yearly.

Recipients of the Mt. Graham Regional Medical Center Medical Staff Scholarship will be notified via letter. Recipients will be invited to a reception with the Mt. Graham Regional Medical Center Medical Staff where a check will be presented. In the event a recipient cannot attend, delivery of the check will be arranged.



MT. GRAHAM REGIONAL
MEDICAL CENTER

MEDICAL STAFF SCHOLARSHIP FOR MEDICAL STUDENTS

Name: _____
Last Name First Name Middle Initial

Address: _____
Mailing Address City State Zip Code

Telephone: _____

Medical School to which you have been accepted or are currently enrolled in:

_____ Year
Medical School City State

Please state your local connection to Graham and/or Greenlee counties:

Please provide a written summary explaining why you should receive this scholarship (one or two paragraphs – (may attach separate sheet) :

By signing below, I hereby authorize Mt. Graham Regional Medical Center Medical Staff or its designees to use my name and/or picture in promotional material relating to this scholarship. This material may be distributed to local news outlets. Applications become the property of Mt. Graham Regional Medical Center and will not be returned.

Applicant Signature

Date