



## **MHF Hospitalist Scholarship Fund**

### **Hospitalist Scholarship Fund - Mason Health Foundation Mason Health Development Office**

*PO Box 1668*

*Shelton, WA 98584*

*(360) 427-3623 | [foundation@masongeneral.com](mailto:foundation@masongeneral.com)*

**For:** High School Graduates and GED Recipients of Mason County

**Re:** Mason Health Hospitalist Scholarship Program

Dear Applicant:

Congratulations on your decision to continue your educational aspirations.

The hospitalist providers at Mason Health are happy to offer the availability of a scholarship to help further your educational goals.

The scholarship will be awarded to students desiring to attain a 4 year college degree (Bachelor's Degree) leading to application in the health care fields. Health care fields may include traditional provider services (e.g. medicine, dentistry, nursing, physical therapy), allied health (e.g. pharmacy, nutritional science), social sciences, behavioral health as well as those desiring to further the medical sciences through basic science pathways (e.g. biochemistry, bioengineering, laboratory medicine, etc.).

Special consideration will be given to first generation college students, those demonstrating a strong desire to complete a 4-year degree and those demonstrating financial need (utilizing the FAFSA Student Aid Index).

The amount of the scholarship may vary depending on funding availability but is currently expected to be \$10,000.

We look forward to receiving your application and are excited for the opportunity help you on your educational journey.

Questions regarding the application can be directed to the Medical Staff Office at Mason General Hospital, (360) 427-9549, who will be able to facilitate contact with one of our hospitalist providers.

Please return the application to the High School Counselor's Office or mail directly to the above address.

**All applications must be postmarked or received by April 30, 2026. See required application documents on page 4 of this application package.**



# *Mason Health Foundation*

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### **Items Required for Application Consideration:**

- Application
- Copy of Transcript
- Essay
- References
- FAFSA Student Aid Index Score
- Public Venue Release Form
- In Person Interview (for those selected)



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***Mason Health Foundation Hospitalist Scholarship Application***

**Application Deadline: April 30, 2026**

**Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
(Last) (First) (Middle)

**Home Address:** \_\_\_\_\_  
(Street) (City, State) (Zip Code)

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Favorite Courses in High School:** *(Please explain why you chose these courses as your favorite.)*

**Extra Curricular Education/Activities/Work/Volunteer Experience:** *(What have you learned through these experiences)*

**Essay:**

*An essay is necessary to be considered for this scholarship.*

*Please tell us about yourself. Tell us about life growing up. Why do you believe you should be selected for this scholarship? Why did you choose your particular field of study? What are the obstacles you see ahead of you as you pursue your college degree and how do you plan to meet these obstacles.*

**Cumulative Grade Point Average (GPA):** \_\_\_\_\_

**Anticipated Graduation Date:** \_\_\_\_\_

**Age at Graduation:** \_\_\_\_\_

**Do any of your parents have a bachelor's degree or higher level of education?** YES NO

**Planned Course of Study in College:** \_\_\_\_\_

**What is your FAFSA Student Aid Index:** \_\_\_\_\_

**Letters of Reference:**

*We request 3 letters of reference. One of these should be from a teacher or counselor. If working, a letter from your employer would be appropriate. The letters should include how the person writing the letter knows you and an honest evaluation of your character, skills, capabilities, ethics and accomplishments, preferably with specific examples. Reference letters may not be provided by family members.*



*Mason Health  
Foundation*

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**Additional Application Questions for Previous Scholarship Award Recipients**

- **Tell us how things have been going in college.**
- **What is your planned course of study? Has this changed over the last year?**
- **What experiences have changed you over the last academic year?**
- **What activities have you been involved in outside of coursework?**
- **Cumulative Grade Point Average:**
- **Anticipated Undergraduate Graduation Date:**
- **FAFSA Student Aid Index:**

Lead Hospitalist Use Only - Review Date: \_\_\_\_\_

Hospitalist Committee Review Date: \_\_\_\_\_

Signed by: \_\_\_\_\_

Approved:

Rejected:

Pending Further Review:

Development Office -Application Date Received Stamp:

Notes:

\_\_\_\_\_