



FMDH Guild Scholarship Application

Please postmark by March 8, 2019 to:

FMDH Guild, 621 3rd St So, Glasgow, MT 59230

Award Luncheon will be held on April 1, 2019.

Date: _____

Student's Full Name _____

Student's Address _____

Telephone Number _____ Date of Birth _____

Name of High School _____

Name of College _____

Entrance Date _____ Expected Graduation Date _____ GPA _____

Have you been accepted into a Medical Program? Y _____ N _____

If Yes, Where? _____

Name the field of medicine in which you are seeking a degree: _____

Extra-Curricular Activities in High School/College: _____

APPLICATION REQUIREMENTS

1. Must be a graduate of a northeast Montana High School or currently residing in northeast Montana and have completed one year of college.
2. Copy of College Transcript
3. One (1) professional recommendation
4. One (1) personal recommendation
5. Essay on "Why I want to be a part of the Medical Profession", noting your area of study.