



MGHF Auxiliary

PO BOX 1668  
Shelton, WA 98584  
(360) 426-8433

For: [NEW] Mason Health Employee Applicants

Re: Mason General Hospital Foundation Auxiliary Scholarship Program

Dear Mason Health Employee Applicant:

For more than 50 years, the Mason General Hospital Foundation Auxiliary has been offering scholarships to high school students, adults and Mason Health employees interested in entering the healthcare field. At first, the scholarship was only available to nurses. When more scholarship funding became available, the Auxiliary began to expand the program to provide financial support for education of other positions.

The number and amount of each scholarship is determined annually from the MGHF Auxiliary Gift Shop profits, memorial gifts, and other donations. Scholarship applications are considered based on the following conditions, listed below:

1. Applicants are considered on the merit of their story and testimonials, and on a case-by-case basis
2. Applications must be received or post-marked by the stated deadline - no exceptions (see deadline below)
3. Qualifying medical or healthcare field(s) of study
4. All applicants must be actively employed by Mason Health as of the application deadline. Active employment is considered Per Diem, On-call, part time (.5-.8 FTE), full time (1.0 FTE) and continuously employed during the awarded academic year. Termination of employment may constitute repayment of scholarship award and forfeiture of any pending scholarships
5. Employees must be in good employment standing and not be on administrative leave, under employment or attendance probation, or in a cycle of disciplinary action at any time. Employees found to be under these restrictions may be subject to forfeiture of any current or pending scholarships
6. All Mason Health employee applications will be reviewed by the MGHF Auxiliary Board of Directors, and the Mason Health Human Resources Department, or designee(s)

You may attach additional documentation that is relevant to your application and submit together.

**If you have questions about the Scholarship application process, you can contact Carol Goodburn, Auxiliary Treasurer, at (360) 426-8433.**

**Please have the completed application(s) sent to the address listed below:**

**MGHF Auxiliary Scholarship Committee  
Attn: Carol Goodburn c/o Auxiliary Gift Shop  
PO BOX 1668  
Shelton WA 98584**

**All applications must be postmarked or received by April 14, 2023**

Thank You!





# Mason General Hospital Foundation Auxiliary Scholarship Committee

## Application for Mason Health Employee - NEW

**Application Deadline: April 14, 2023**

MGHF Auxiliary  
PO BOX 1668  
Shelton, WA 98584  
P: (360) 426-8433

**Attestation: Are you currently in any form of employment probation or disciplinary action?**  
**Yes \_\_\_\_\_ NO \_\_\_\_\_** (If No, please proceed. If Yes, please contact HR for advisement)

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Phone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

High School Attended: \_\_\_\_\_

High School GPA: \_\_\_\_\_

High School Graduation or GED Date: \_\_\_\_\_

College/University Attended: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

Last Date Attended/Graduated: \_\_\_\_\_

Major or Area of Study: \_\_\_\_\_

College Level Cumulative GPA: \_\_\_\_\_

Present position if not in college: \_\_\_\_\_

Career Goal: \_\_\_\_\_

Work Experience: \_\_\_\_\_

### Please attach these items to this completed sheet:

- 1) An official copy of your most recent/current academic transcript (Sealed and Unopened)
- 2) Two letters of recommendation, one must be from an instructor or supervisor
- 3) A one-page statement of your personal and academic goals and accomplishments
- 4) Signed Public Venue Release Form
- 5) Photo (optional)

**Return completed applications to:**  
**MGHF Auxiliary Scholarship Committee**  
**PO BOX 1668**  
**Shelton, WA 98584**  
**Attn: Carol Goodburn**



Updated: 2/13/2023

Mason Health HR Review Date: \_\_\_\_\_  
Signed by: \_\_\_\_\_

MGHF Auxiliary Board Review Date: \_\_\_\_\_  
Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Pending Further Review: \_\_\_\_\_

The undersigned hereby consents to the use of their personal information as identified below, by Public Hospital District No. 1 of Mason County, WA (doing business as Mason Health) and waived the right to inspect or approve such photos, stories, etc. or to receive any monetary compensation for this photo, story, etc. **A copy of this release form may be provided upon request.**

This information will be used for the following marketing campaign/purpose \_\_\_\_\_

The following Personal Information about myself or child may be used:

- ☐ Name (Please print) \_\_\_\_\_
- ☐ Name of Baby/Child (Please print) \_\_\_\_\_
- ☐ A photograph (picture) of myself
- ☐ A photograph (picture) of child
- ☐ Company Name \_\_\_\_\_
- ☐ The following information (attach a separate sheet if needed) \_\_\_\_\_
- ☐ Date of Birth \_\_\_\_\_

Please provide your contact information so we may contact you if necessary. This information will not be shared.

Home Address \_\_\_\_\_

Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

I agree that my information may be used in all of the following publications, except \_\_\_\_\_

- Mason Health Web Page
- Internet and Telephone Directories
- Newspapers and Happenings Newsletters
- Radio and Television
- Scope, Making the Rounds or other District Publications
- Reader Board
- Digital Stories, DVD's, as well as any and all social media and web based (and other) media outlets
- Any Years of Service recognition for duration of employment
- Individual Physician or Allied Health Profiles
- Educational material, i.e. flyers, banners, pamphlets
- Donor or Volunteer Recognition
- MGH Foundation Publications
- In the case of digital stories, videos, etc. I have reviewed the materials produced and I approve the final digital story/DVD that has been produced

Signature of Client or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Revocation of Public Venue Release

If, in the future, you no longer want Public Hospital District No. 1 of Mason County, WA, to use your information in a public venue, you need to contact Mason Health and sign a revocation statement. This can be done in person or via a fax notice to 360-427-1921.

I no longer want my personal information used in a public venue. I understand that it may take up to 60 days for this revocation to be put into effect.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form to the

**Mason Health Development Office**  
PO Box 1668  
Shelton, WA 98584  
Call 360-427-3623 or email  
foundation@masongeneral.com  
if you have questions.

**PUBLIC VENUE RELEASE FORM**  
Mason Health  
PO Box 1668, 901 Mountain View Drive  
Shelton, WA 98584

MGH 1298 08/2022