



Mason Health/Shelton High School Health Sciences Academy Scholarship APPLICATION PACKET

Thank you for your interest in the Mason Health Scholarship offered to graduating seniors of Shelton High School within the Health Sciences Academy. We are thrilled you are interested in pursuing a career in the healthcare fields of Registered Nursing (RN), Medical Assistant (MA), or Phlebotomy (MA-P). The following packet contains the information and the forms you need to submit with your scholarship application. Please review the instructions and deadlines carefully, as your eligibility for consideration depends on meeting all requirements.

All materials will be held confidentially by Mason Health Scholarship Committee Members.

This application packet includes the following:

- I. Application:** This is the formal application which will provide us with your basic personal information
- II. Transcript Request:** We will need a copy of your most recent transcript. Scholarship eligibility requires an overall GPA of 3.0
- III. Essay Submission:** You may choose to write your essay from a list of several questions
- IV. References:** We want to hear from others who know you well and can attest to your ability to succeed in this program. Please provide 2 letters of reference.
- V. Interview Preparation:** If selected for an on-site interview, this will help you prepare and know what to expect if you are selected for an on-site interview
- VI. Venue Release:** If offered a scholarship, we will be promoting your story and need your (or if under 18 years old, your parents') authorization to publish articles regarding your accomplishment.

Important 2023 Scholarship Dates:

- Feb -March** Job Shadow opportunities at Mason Health. Scholarship preference will be given to applicants who have done a job shadow
- April 1** Deadline to return completed Application Documents to Jill Bourgault, Shelton High School
- April 15-19** Interviews will be conducted at Shelton High School
- May 2** Scholarship Recipients will be notified of scholarship award
- May 16** Presentation of Scholarship Award at Shelton High School

**MASON HEALTH/SHELTON HIGH SCHOOL HEALTH SCIENCE ACADEMY SCHOLARSHIP
Registered Nurse (RN), Phlebotomist (MA-P), Medical Assistant (MA)**

APPLICATION FORM

The Mason Health Scholarship will provide funding for all tuition, books, uniforms, lab and simulation fees, and licensure application and licensure examination associated with obtaining your RN, MA, or MA-P license. The selected candidates must satisfy any enrollment requirements of your post-secondary school as well as those of the Mason Health Health Science Academy Scholarship.

To be eligible for this program applicants must:

- Be at least 18 years of age by October 1, 2024
- Have a High School Diploma or equivalent by June of 2024
- Graduate from Shelton High School within the Health Science Academy with a minimum 3.0 GPA
- Be able to perform the duties of the position

The ideal candidate will have:

- Passion for serving others
- A commitment to learning
- Great communication and team skills
- Strong ability to collaborate with people of diverse backgrounds

I. APPLICATION

Please return this completed application with attachments and send to neddins@masongeneral.com (Nicole Eddins, Senior Director of Performance Excellence at Mason Health) no later than **April 1, 2024**.

Name:

Home Address:

Email Address:

Cell Phone:

Home Phone:

Check all areas of scholarships that you are applying for (you may check more than 1):

☐ Registered Nurse (RN)

☐ Medical Assistant (MA)

☐ Phlebotomist (MA-P)

Clarify your primary scholarship preference (if applying for more than 1):

Education:

Cumulative Grade Point Average (GPA):

(On a 4.0 scale)

Anticipated graduation date:

Age at graduation:

Background and Demographic Information:

The next part is not required, but helpful for us. Please only answer if you are comfortable doing so.

How would you describe yourself:

- ☐ Hispanic, Latino, or of Spanish origin
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White /other

Gender

Are you the first person in your family to go to college?

Yes ☐ No ☐

Proficiency with languages other than English:

II. Transcripts

A copy of your high school transcript is required. These transcripts should include all the courses you have taken for high school credit, as well as the grades and credits you received from each course.

III. Essay

An essay from each Applicant is needed to be considered for the Mason Health/Shelton High School Health Sciences Academy Scholarship. Please select one of the following essay prompts. Your response should be 500 words or less.

1. There are many students interested in this scholarship; why do you think you are the best applicant and should be selected?
2. Working in health care requires hard work and dedication. What previous experiences lead you to believe you will successfully complete the academic and clinical requirements of the program?
3. What do you think will be your biggest obstacle in obtaining your license, and how do you plan to overcome that challenge?
4. Why are you interested in pursuing a career in healthcare?

IV. Letters of Reference

Two reference letters are required. At least one of your reference letters should be from a teacher or school staff (counselor, coach, etc.). If you are currently working, another letter should come from your current employer. The letters should include how the person writing the reference knows you, an honest evaluation of your character, skills, capabilities, ethics, and accomplishments, preferably with specific examples. Reference letters may not be provided by family members.

V. Interview Preparation

It's natural to feel a bit nervous about an interview. Even adults who've been in the workforce for years can feel apprehensive before an interview. There are many types of interviews. Below describes a little about what you can expect.

- The interview is an opportunity to get to know more about you and share more about the Mason family. We don't intend to use high-pressure tactics, ask trick questions, or try to trip you up. We simply want to get to know you better so we can do our best to select applicants who we think are most likely to succeed and thrive at Mason Health
- Your interview will be a panel interview which just means you will be meeting with more than one person (typically 3-5) from Mason Health for the interview
- The primary goal of the interview is to get to know you. It will be structured more like a conversation, than a true interview. We understand you may be nervous, and we will do our best to ensure this is a positive experience for you. Please bring your best and most professional self forward in this safe environment

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

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