



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

For: [RETURNING] Mason Health Employee Applicant

Re: Mason Health Foundation Auxiliary Scholarship Program

Dear Applicant:

For more than 50 years, the Mason Health Foundation Auxiliary has been offering scholarships to graduating high school students, Mason Health employees, and graduating high school students of Mason Health employees who are interested in entering the health care field or continuing their education in health care. 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 health care positions.

The number and amount of each scholarship is determined annually from the MGHF Auxiliary Gift Shop profits, memorial gifts, and other donations.

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) 490-3519.

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

**MHF 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 25, 2025**

Thank You!



# Mason Health Foundation Auxiliary Scholarship Committee

## Application for Mason Health Employee - RETURNING

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

**Application Deadline: April 25, 2025**

**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 Completion Date \_\_\_\_\_

College Major or Area of Interest: \_\_\_\_\_

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

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

College/University Attended: \_\_\_\_\_

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

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

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

**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) A signed Public Venue Release Form
- 5) Photo (optional)

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

Updated: 1/13/2025

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