

MIMA Foundation Healthcare Career Scholarship Application

Foundation Scholarships are strictly for ***Brevard County Residents who have been accepted OR are currently enrolled*** in programs in the following Allied Health Fields: Nursing, Respiratory Therapy, Radiology Technology, Laboratory Technology, Physical Therapy Assistant, and Medical Assistant.

Please submit the following information with your application: (incomplete applications will not be considered):

- Most current High School/College transcripts
- Three (3) current letters of reference (persons not related to you)
- Personal Statement

Your personal statement is the most important part of your application. Your personal statement should include your career goals, recent work/volunteer experience in the healthcare field, reasons for applying for this particular scholarship, and personal financial circumstances that pertain to your financial need. Feel free to include any unique personal financial circumstances you feel are relevant. Please limit your statement to one typed page.

All Foundation Scholarships require re-application every academic year, as well as maintenance of required GPA. The scholarship is for full tuition, fees, and books for one academic year.

Scholarships will be awarded on academic ability and financial need. There shall be no discrimination based on sex, age, religion, or ethnic origin in making awards.

MIMA Foundation Healthcare Career Scholarship Application
(please print or type the information on the application)

Deadlines:

Winter Semester - October 15

Fall Semester – June 15

Name _____

Social Security # _____ Date of Birth _____

Address _____
Street

City _____ State _____ Zip _____

Telephone # () _____ Email _____

High School/College attended _____ Graduation Date _____

Cumulative GPA _____ Brevard County Resident? _____

AA/AS degree seeking _____ Program of Study _____

Currently enrolled or accepted in an allied health program? _____

All Foundation Scholarships require the following:

1. Most current High School/College transcript(s)
2. Three (3) current letters of reference (persons not related to you).
3. Personal Statement

I, the undersigned applicant, pledge that the information submitted in this application is true and correct to the best of my knowledge.

Signature _____ Date _____

Please call (321) 952-9132 with any questions.

MIMA Foundation of Brevard, Inc.
1130 Hickory Street
Bldg. B
Melbourne, FL 32901