

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 Allied Health Field.

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

- Most current High School or College transcripts
- Three (3) current letters of reference (persons not related to you, preferably employers, instructors, etc.)
- 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 are for one semester and require re-application every semester, Fall and Spring. School transcripts and letters of recommendation will remain valid for one year so you will not need to re-submit these items if you reapply within a year. The scholarship will be applied to tuition, fees, and books up to \$2,000 for the semester. If all of those fees are already covered by other financial assistance, a maximum of \$500 will be awarded. Scholarships are valid only for the semester in which they are awarded and may not be applied retro-actively or for a future semester. If you are unable to use the scholarship for any reason for the semester in which it was awarded, the scholarship will be forfeited and reapplication will be required.

Scholarships will be awarded on academic ability and financial need. A minimum GPA of 2.0 is required. 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:

Spring Semester – December 1

Fall Semester – June 15

Name _____

Student # (if known) _____ Date of Birth _____

Address _____
Street _____

City _____ State _____ Zip _____

Telephone # (____) _____ Email _____

Where are you enrolled or accepted in an allied health program? _____

Degree seeking _____ Program of Study _____

Cumulative GPA _____ (2.0 minimum) Anticipated Graduation Date _____

Have you applied for or are you currently receiving any other financial assistance? _____
(i.e. Pell Grants, Bright Futures, other scholarship awards, etc.)

If yes, please indicate source of assistance & amount(s) _____

All Foundation Scholarships require the following by the scholarship deadline:

1. Most current High School or College transcript(s)
2. Three (3) current letters of reference (persons not related to you, preferably employers, instructors, etc.).
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 email jill.duff@mima.com or call (321) 952-9132 with any questions.

MIMA FOUNDATION OF BREVARD, INC.
1130 Hickory Street, Melbourne, FL 32901