



"promoting health & education in Rim Country"

**HUMAN HEALTH OCCUPATION SCHOLARSHIP
APPLICATION CRITERIA**

1. ELIGIBILITY

Any individual currently attending school and/or working in Northern Gila County, or whose parents, grandparents or legal guardian reside in Gila County, may apply to begin or continue his/her education in a course of study that will lead to a human healthcare related occupation including but not limited to laboratory, physical or respiratory therapy, nursing, radiology, pharmacy, medicine, behavioral health, dental.

2. HOW TO APPLY

All application forms, properly filled out, signed, and with all requested information attached.

MHAF Auxiliary Scholarship Chairman
431 S. Beeline Hwy, Suite #1
Payson, AZ 85541

Call 928-472-2588 for any questions.

3. APPLICATION DEADLINE:

5:00PM on Friday, March 27, 2026.

4. AWARDING OF SCHOLARSHIPS

The Scholarship Committee shall oversee the awarding of the annual MHAF Auxiliary Scholarships in an amount set by the MHAF Budget Committee. The Scholarship Chairman shall notify all applicants of their scholarship status by the end of April. Scholarship funds shall apply directly to the cost of tuition, books, and mandatory course fees. The scholarship funds will be mailed directly to the institution where the recipient will be enrolling on or after July 1, 2026. All unused awarded funds will be returned to MHAF by March 1, 2027. Gila Community College students must request their registration form be sent to MHAF (by GCC) prior to disbursement.

PLEASE NOTE: YOU MUST REAPPLY EACH YEAR TO BE CONSIDERED FOR THIS ANNUAL AWARD.

5. SELECTION PROCESS

All applicants, regardless of age or sex, will receive consideration, once annually for a scholarship based on (1) their record of academic achievement and/or work experience, (2) favorable references, and (3) financial need.

**MHA FOUNDATION
HUMAN HEALTH OCCUPATION SCHOLARSHIP
APPLICATION FORM**

1. Name: _____ Phone: _____
2. Address: _____ City/State & Zip: _____
3. Email Address _____
4. Date/Place of Birth: _____ Social Security #: _____
5. Name of Parents (if applicant under 21 yrs.): _____
6. High School: Attending/attended: _____
High School Graduation Date: _____
Are you a High School student and dual enrolled in college courses? Yes _____ No _____
7. Colleges: Attending/attended: _____ Academic Major: _____
8. Name/Place of Employer: _____
9. Supervisor's Name & Title: _____
10. Human Health Occupation Choice: _____
11. Career Objectives: _____
12. College You Plan to Attend: _____
13. Reason You Chose This College: _____

14. **ATTACH THE FOLLOWING DOCUMENTS:**

- a. A statement of between 100 and 200 words, signed and dated by you, summarizing school and extra-curricular activities, hobbies, etc. If employed, this statement should cover job title and duties, length of employment, promotions, etc. Include in this statement, your explanation of why you feel qualified for this scholarship, including FINANCIAL NEED.
- b. High school or GED transcript *OR*
College transcript if you are attending or have attended college (certified transcripts not required).
- c. TWO (2) letters of recommendation (which must be signed and dated within 6 months of this application), from responsible persons, not related to you, who have personally observed you in an educational and/or professional capacity and who can give a worthwhile opinion of your character, industriousness, purposefulness, and personal worthiness.

Applicant's Signature _____ Date _____