



# Petersburg Medical Center Foundation

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## EDUCATION SCHOLARSHIP/LOAN FUND APPLICATION

<b>Name:</b>	<b>Phone:</b>
<b>Mailing Address:</b>	<b>Email:</b>
<b>Academic Program:</b>	<b>School Name:</b>
<b>Anticipated Completion Date:</b>	<b>Amount Requested:</b> <b>\$1,000-5,000    \$5,001-\$10,000</b>
<b>Term:</b> Winter   Spring   Summer   Fall	<b>Year:</b>
<b>High School Graduate:</b> Yes    No    Year  <b>Some College:</b> Yes    No  <b>Bachelor's Degree:</b> Yes    No    Year  <b>Master's Degree:</b> Yes    No    Year	<b>Post Secondary Training:</b>
<b>Required Attachments:</b> <b>Class/Program Requirements-standard online printout for your degree/program</b>  <b>Proof of Acceptance or enrollment from the college or program</b>  <b>Three (3) letters of recommendation one of which should come from a current or previous supervisor.</b>  <b>Essay (400 words or fewer) on what your educational plans are and how it will benefit PMC and the community.</b>  <b>Proof of quarter/semester grades (unofficial transcript) if applicable.</b>	
By signing this form I fully approve the Foundation to issue funding to me. Under penalty of perjury, I state that the information provided herein is correct and that I have been accepted to the above degree/program.	
<b>Name:</b>	<b>Date:</b>