

## Treacy Scholarship Endowment

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Position/Title \_\_\_\_\_  
City \_\_\_\_\_ Department \_\_\_\_\_  
State \_\_\_\_\_ Employee ID (if SPH) \_\_\_\_\_  
Zip Code \_\_\_\_\_ Hours per week/FTE \_\_\_\_\_  
Phone number \_\_\_\_\_ Retraining for a new SPH Job? \_\_\_\_\_  
Email Address \_\_\_\_\_

Please describe your professional work experiences:

(Example - I worked at St. Peter's Health, Helena, MT from 6/1998 through 8/2001):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am currently employed at \_\_\_\_\_ St. Peter's Health \_\_\_\_\_ Lewis & Clark County Public Health

Name of School or Program \_\_\_\_\_

Mailing address for Business Office or Financial Aid (Where you want the check sent)

\_\_\_\_\_

\*To explain the amount of financial support requested please complete the Estimated Itemization of School Expenses on the reverse

Please write a short paragraph about your Education Plan: (What education, certifications, or degree you are seeking and how it supports your educational and professional goals. No more than 500 words please)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information set forth in this application is true and complete.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## Itemization of Estimated School Expenses

Item	Description/Detail
Tuition	
Course Registration	
Fees	
Supplies (books, other educational materials)	
Equipment	
Travel	
Lodging	
Cost of Living Expense	
Other	
Total Budget:	
Amount Requested:	