



Sheila Jones-Surrett Memorial-Allied Health Scholarship

Deadline: April 24, 2026

Criteria:

- MCHS graduating Senior
- Student going into a non-nursing healthcare related field.

Amount: \$300

Submit Application: Please return all application materials to MCHS student services.

COLLEGE PLANS

Intended College Major _____ 2-year / 4 -year (circle)

Top College Choices (**check** if you have been accepted):

- _____ State _____
- _____ State _____
- _____ State _____

PARENT/ GUARDIAN INFORMATION

Guardian 1 Name: _____

Occupation: _____ Company: _____

Guardian 2 Name: _____

Occupation: _____ Company: _____

FINANCIAL INFORMATION

Check if applicable to you:

- I am a **21st Century Scholar**.
- One or both of my parents are **US military members**.
- I am filing my FAFSA as an **“Independent”** (no parent information will be reported)

Explain: _____

Are you receiving any substantial financial aid awards that you are aware of?

Please inform the committee of any circumstances that would make it difficult for you to pay for college.

