



**GREAT FALLS  
COLLEGE**

**MONTANA STATE  
UNIVERSITY**

## ***2018-2019 Norco Respiratory Care Scholarship Application Instructions***

The Norco Respiratory Care Scholarship at Great Falls College MSU offers scholarship dollars to students pursuing the Respiratory Care program. The scholarship will be awarded annually based on available funding. The award will be disbursed in two equal segments, one for each semester (Fall and Spring). Each semester, upon verification after the 15<sup>th</sup> day of class that the recipients are enrolled in the specified course work for the Respiratory Care program, the scholarship will be applied to the student account for payment toward tuition, fees, books, and supplies. Scholarship recipients must maintain satisfactory academic progress.

### **ELIGIBILITY**

The **Norco Respiratory Care Scholarship** award recognizes students who:

- Will be enrolled at Great Falls College MSU as a regular student in the second year of the Respiratory Care program
- Are enrolled full time
- Possess a 2.5 GPA or above with preference going to higher GPA

### **SCHOLARSHIP AWARD**

- The **Norco Respiratory Care Scholarship** will award one (1) \$1250 scholarship.

### **APPLICATION PACKET REQUIREMENTS:**

1. **Scholarship Application:** Complete the application form in its entirety.
2. **College Transcripts:** The selection committee will review GFC MSU records to verify GPA. Transcripts need not be attached.

**Application deadline:** The application and all documents must be postmarked by **September 14, 2018**. Please mail or submit to:

Financial Aid Office  
Great Falls College MSU  
2100 16<sup>th</sup> Ave South  
Great Falls, MT 59405  
FAX: (406) 771-4410

- **The Scholarship Selection Committee has the right to reject any incomplete applications. Respiratory Care Faculty may be consulted for final decision.**



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## ***2018-2019 Norco Respiratory Care Scholarship Application Instructions***

Name \_\_\_\_\_

GFC MSU Student ID \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

In 2018-2019 I will be enrolled in the 2<sup>nd</sup> year of the Respiratory Care program  Yes  No

What is your cumulative grade point average to date? \_\_\_\_\_ (GPA will be verified)

Federal law requires Great Falls College MSU to obtain written permission from the awardee for the release of academic and biographical information to the scholarship donor and/or news media. By signing below, I agree that relevant information may be released. Furthermore, by signing below, I confirm the accuracy of the enclosed information and understand that any false or misleading statements may invalidate my application.

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