

## Mac McKenzie Scholarship Fund Application

Six (6) \$750 Education Scholarships available for  
Washington State Society of Healthcare Engineers

Due Date: Accepted Anytime

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_

Describe your goals and how this further education will help you. (Continue on reverse side as necessary):

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Provide the following information on the training/education to which scholarship funds are being requested.

School/Trainer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Name / Number: \_\_\_\_\_

Academic Hours: \_\_\_\_\_ Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Tuition Costs: \_\_\_\_\_

Course Material Costs: \_\_\_\_\_

I am  I am not receiving assistance from another source to complete the above listed course.

Signature: \_\_\_\_\_

Send completed application with two (2) recommendations to:

Jim Mead, Scholarship Chair/Board Member, 2015  
Mac McKenzie Scholarship Fund  
Tel (206) 667-4244 Fax (206) 667-6833 Email: [jmead@fredhutch.org](mailto:jmead@fredhutch.org)

