

**WEST COAST UNIVERSITY  
MASTER OF HEALTH ADMINISTRATION (MHA)  
ONLINE SCHOLARSHIP APPLICATION**

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**Name:** \_\_\_\_\_

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

**City, State & Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Education Background**

**College/University:** \_\_\_\_\_

**Years Attended:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Number of years as an employee at NHMC:** \_\_\_\_\_

**Name of Manager:** \_\_\_\_\_

**Personal Statement**

**Please provide a personal statement (Maximum 150 words)**

Provide a summary statement that reflects your commitment to service and kindness in the workplace and why this award is important to you.

**Application is due by Wednesday, April 28, 2021**

Please return to:

Attention: Brian Hammel, Foundation President [brian.hammel@dignityhealth.org](mailto:brian.hammel@dignityhealth.org)

You can mail your application to the following address:

Northridge Hospital Foundation  
18300 Roscoe Blvd., Northridge, CA 91328