

West Coast University MHA Scholarship Application

Name: _____

Address: _____

City, State & Zip: _____

Cell Phone: _____ **E-mail:** _____

Department: _____ **Extension:** _____

Education Background

College/University: _____

Years Attended: _____ **From:** _____ **To:** _____

Number of years at NHMC: _____

Name of Manager: _____

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.

Please return to: Northridge Hospital Foundation – 18300 Roscoe Blvd., Northridge, CA 91328. Attention: Brian Hammel, Foundation President or e-mail to brian.hammel@dignityhealth.org