2019 Sam Kotonias Memorial X-Ray Scholarship
Central Mesabi Medical Foundation

Introduction

The Diagnostic Imaging/X-ray Memorial Scholarship was established in honor of Sam Kotonias.

One scholarship is awarded annually for $1,000. The recipient is selected in the spring of each year; applications need to be received or postmarked by March 15, 2019. Funds are distributed for the school year upon receipt of your fall semester college schedule. A letter will notify all applicants of the committee’s decision before the end of May. Questions or concerns may be directed to Susan Degnan, Central Mesabi Medical Foundation (CMMF) foundation director, at 218-312-3034 or sdegnan2@range.fairview.org.

Applications may be mailed to CMMF at 750 E. 34th St. Hibbing, MN 55746 or emailed to sdegnan2@range.fairview.org.

1. Eligibility Criteria

- Preference will be given to students from Hibbing/Chisholm area.

- If no students from the Hibbing or Chisholm area apply, then the committee will consider applications from the entire range area.

- Preference given to candidates who plan to return to the Iron Range area to work.

- Applications for this scholarship can be made in the freshman year of college or later when you have been accepted to and are studying in the field of Diagnostic Imaging.

2. Recommendations

Please submit two (2) written recommendations with your application: one from a current instructor and the other from a former employer or supervisor or personal friend.

3. Transcripts

Include official copies of the most recent official transcripts with your application.
Central Mesabi Medical Foundation X-Ray Memorial Scholarship
In honor of Sam Kotonias

Scholarship Application

Name: ____________________________________________ Phone: ____________________

Address ___________________________ City ____________________ State ___ Zip ________

E-mail address: _________________________________________________________________

GPA:

Institute you are or will be attending:

Year in college **next year** (2019-2020): □ Freshman □ Sophomore □ Junior □ Senior

High school graduated from: ____________________________________________________

List other financial aid you are receiving for your education: ________________________

Have you ever received a scholarship from CMMF previously?       ______Yes  ______No

Applicant’s signature ___________________________ Date _____________

Please respond to the following under separate cover, keeping answers to one page:

1. Describe your career goals and aspirations.

2. Describe an experience that impacted your career choice.

3. Describe your volunteer or community involvement.

4. In five years, where do you see yourself in your career path?

5. Financial need is not a requisite for the scholarship, but will be taken under consideration. Briefly describe your current financial situation.

6. Tell us about other activities/accomplishments/recognition you feel the scholarship committee should consider.

Please include letters of recommendation and official transcripts with your application.