

St. Mary's Hospital Auxiliary Scholarship
(for students planning a health care career)

Name _____ Soc. Sec. Number _____

Student's Address: _____

Date of Birth _____ Place of Birth _____

Father _____ Age _____ Occupation _____

Mother _____ Age _____ Occupation _____

Occupational interests upon graduation from post-secondary school: _____

Have you been accepted by an accredited college or university? Yes No

Name of School: _____

How do you expect to pay for your education?

Savings	Working while in school	Loan	
Summer jobs	Parent's help	Scholarships	Grant

High school activities, including honors and awards:

Community activities, including honors and awards:

Positions held in gainful employment, time period involved, and average time employed each week:

Date of Graduation _____ Number in Class _____ Rank in Class _____

A copy of a transcript of High School grades, ACT/SAT Scores or related equivalent must be included with this application.

Deadline for application: April 1 Amount of Scholarship: \$500 (\$250 per semester)

St. Mary's Hospital Auxiliary Scholarship
(for students planning a health care career)

In 100 words or less, indicate why you would like to be considered for this scholarship.

I hereby request that this information and application be released to the St. Mary's Hospital Auxiliary Scholarship Selection Committee. Included with this application are two personal references.

Signature of Student

Date

Signature of Parent/Guardian

Reference

Name of Scholarship: St. Mary's Hospital Auxiliary Scholarship

Name of Applicant: _____

Address: _____

1. How long have you known the applicant? _____
In what capacity? _____
2. What do you consider the applicants strong points?
3. What do you consider the applicants significant limitations?
4. Please check the following characteristics for the applicant.
(Compared to students of the same age.)

<u>Characteristic</u>	<u>Superior</u>	<u>Good</u>	<u>Average</u>	<u>Below Ave.</u>	<u>Not Known</u>
Intellectual Interest					
Industry					
Reliability					
Cooperation					
Maturity					
Personal Appearance					
Emotional Stability					
Ability to succeed in college post-secondary education					

This form will be seen only by those who will be making a decision regarding the scholarship for which this student is applying. This form will be destroyed when the scholarship committee has no further use for it. Please sign when this is complete.

Signature

Please return to local High School Counselor by **April 1.**

Reference

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