

Hamilton Hospital Auxiliary Scholarship

Application Instructions

Hamilton Hospital Auxiliary is dedicated to promoting the health of the communities served by Hamilton Healthcare System. We are pleased to be able to provide this opportunity to further the education of future health care workers and professionals among our youth.

Applicants must be graduating high school students who **reside in the Hamilton Hospital District** or former Hospital District graduates of these areas already enrolled in an undergraduate or graduate program at an accredited institution of higher education. Applicants **must** be pursuing a degree in a medical or other health related field of study **with a minimum GPA of 3.5 or 85%**.

Applicants should note that applications will be heavily weighted on volunteer activity.

Application Checklist

Complete applications will include:

- Application form with all required information and signature.
- Separate handwritten statement telling us why you are applying.
- Letter of Recommendation from a teacher or employer.

Applications are to be received at

PO Box 93, Hamilton, TX 76531

NO LATER THAN MARCH 30, 2012

Late or incomplete applications will not be accepted or considered.

Hamilton Hospital Auxiliary Health Care Scholarship Application

Instructions: Print all information in blue or black ink. Return the application to P.O. Box 93 Hamilton, TX 76531. Applications must be received by March 30, 2012. Late or incomplete applications will not be accepted. Please see attached checklist.

NAME _____
FIRST MIDDLE LAST

PARENT'S OR GUARDIAN'S NAME _____

ADDRESS _____
STREET CITY STATE ZIP

(_____) _____ / ____ / ____ - ____ - ____
TELEPHONE DATE OF BIRTH SOCIAL SECURITY NUMBER

_____ / ____ / ____
HIGH SCHOOL ATTENDED GRADUATION DATE

_____ TEST SCORES: ACT SAT _____ / ____ / ____ / ____
GPA ENG/WRITING MATH READING TOTAL

_____ PROPOSED FIELD OF STUDY _____ PROPOSED COLLEGE OR UNIVERSITY

SCHOOL SPONSORED CLUBS OR ORGANIZATIONS:

_____ OFFICE HELD _____
_____ OFFICE HELD _____
_____ OFFICE HELD _____

HONORS AND AWARDS:

EXTRACURRICULAR ACTIVITIES:

COMMUNITY INVOLVEMENT AND VOLUNTEER ACTIVITIES:

ACTIVITY/ROLES PERFORMED

HOURS COMMITTED

ACTIVITY/ROLES PERFORMED

HOURS COMMITTED

ACTIVITY/ROLES PERFORMED

HOURS COMMITTED

WORK HISTORY:

PLACE OF EMPLOYMENT

DATES OF EMPLOYMENT

HRS/WK

PLACE OF EMPLOYMENT

DATES OF EMPLOYMENT

HRS/WK

PLACE OF EMPLOYMENT

DATES OF EMPLOYMENT

HRS/WK

DO YOU INTEND TO WORK WHILE ATTENDING SCHOOL?

YES

NO

HAVE YOU APPLIED FOR FEDERAL FINANCIAL AID (FAFSA)?

YES

NO

IF SO, WHAT IS YOUR EXPECTED FAMILY CONTRIBUTION (EFC)?

\$ _____

HAVE YOU APPLIED FOR OR RECEIVED OTHER FINANCIAL ASSISTANCE?

YES

NO

IF YES, PLEASE INDICATE THE AMOUNT OF YOUR AWARD OR THE CURRENT STATUS OF YOUR APPLICATION

AWARD

\$ _____

AMOUNT

STATUS

AWARD

\$ _____

AMOUNT

STATUS

DESCRIBE ANY NOTEWORTHY ACHIEVEMENTS OR EXTRAORDINARY CIRCUMSTANCES THAT YOU WOULD LIKE THE COMMITTEE TO CONSIDER IN SUPPORT OF YOUR APPLICATION.

ON A SEPARATE SHEET OF PAPER, IN YOUR OWN HANDWRITING, PLEASE TELL US WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP, WHAT YOUR FIELD OF STUDY WILL BE AND WHY YOU HAVE CHOSEN TO PERSUE THIS PROFESSION.

PLEASE ATTACH A LETTER OF RECOMMENDATION FROM A TEACHER OR YOUR EMPLOYER.

SIGNATURE OF APPLICANT

DATE OF APPLICATION