MEMORIAL HOSPITAL

UNION COUNTY

Medical Staff Scholarship Application

INSTRUCTIONS

The Application for this scholarship includes the following documentation which must accompany this form:

1. Letter of acceptance into the school/program for the degree in the Healthcare Delivery field.
2. Two letters of recommendation from persons other than relatives.
3. Photocopy of ACT or SAT scores.
4. Transcript of high school or college grades including GPA.
5. **Applicants must be a high school senior residing in Union County.**

PERSONAL DATA

Date_____

Name_____
Last First Middle

Home Address _____
Street

_____
City State ZIP

Home Phone_____ Business Phone_____

Age _____ Date of Birth _____

Do you currently reside in Union County? ❑ Yes ❑ No

Are you currently an employee or family member of a Memorial Hospital employee? ❑ Yes ❑ No

If yes, what department _____

Have you ever volunteered at Memorial Hospital or the Gables? ❑ Yes ❑ No How Long? _____

EDUCATION BACKGROUND

High School _____
Name Address

Date of graduation or expected date of graduation _____

PROPOSED COURSE OF STUDY

What degree are you pursuing with the assistance of this scholarship?

_____

Name and address of proposed college/educational destination

_____

How many years in school are required to complete the degree work you are pursuing? _____

Will you be a ❑ full-time or ❑ a part-time student?

Date of proposed entrance _____ Date of expected graduation_____

RECORD OF EXTRA-CURRICULAR ACTIVITIES

Include school and community activities and honors. List each activity in the spaces provided for the school year(s) in which you participated in each activity.

9th Grade Offices & Honors

_____

_____

_____

_____

_____

10th Grade Offices & Honors

_____

_____

_____

_____

_____

11th Grade Offices & Honors

_____

_____

_____

_____

_____

12th Grade Offices & Honors

_____

_____

_____

_____

_____

PERSONAL STATEMENT

Please attached a written report to give information about your ambitions, goals, background and financial need which would assist the committee in judging your eligibility for scholarship. (Avoid restating information previously given on this application) Include your objectives for a period of five years after completion of your training.