

St. Francis Hospital Auxiliary
2012
APPLICATION FOR SCHOLARSHIP

Name _____ Date of Birth _____
Home Address _____ County _____
City _____ State _____ ZIP _____ Cell Phone _____
SSN _____ Home Phone _____
Parent / Guardian or Spouse _____

CHECK SCHOLARSHIP DESIRED:

- ___1. \$800 Licensed Practical Nurse Scholarship
___2. \$800 Registered Nurse Scholarship
___3. \$800 Medical Studies Scholarship (such as physician, lab, x-ray, PT, etc.)
Specify: _____

College, University or Other Educational Institution you plan to attend:

First Choice _____ Accepted
Address _____

Second Choice _____ Accepted
Address _____

High School _____ Telephone _____

Graduation Date _____ Class Rank _____ of _____ ACT Score _____

Indicate how you plan to pay expenses: (check all that are applicable)

_____ Family Support _____ Summer Earnings _____ Employment
_____ Financial Aid _____ Other (specify) _____

Number of people in your family:

of Children _____ Ages _____ # Attending College _____

Other financial considerations which need to be noted:

Please list scholarships you know you will receive:

Are you currently employed? ___ YES ___ NO
If yes, what type of work and how many hours weekly?

Extracurricular Activities - Organizations & Clubs (list years of involvement, offices held, etc.)

Honors & Awards:

Community or Other Activities:

APPLICATIONS DUE MARCH 15. Please include two letters of reference and send to:

St. Francis Hospital Auxiliary
Attn: Community Relations/Development
2016 South Main Street
Maryville, MO 64468