Wooster Community Hospital Auxiliary Scholarship Application

(Healthcare Fields)

Please complete legibly and in full.

Name_____

Please Print

Address_____

City_____ State_____ Zip_____

Phone_____ Alt Phone_____

Parent(s)/Guardian(s)_____

Address_____

City_____ State_____ Zip_____

High School_____

Colleges to which you have applied_____

Probable Field of Study_____

List, in order of your interest, the three (3) most important activities in which you participated in and out of school.

1._____

2._____

3._____

List the office(s) you have held, or honors received, in or out of school *in the last two years.*

1. _____

2. _____

3. _____

List any community or school *volunteer* activities and approximate hours served for each *in the last two years.*

1. _____

2. _____

3. _____

List any medical field work experiences and the approximate hours served for each

in the last two years.

1. _____

2. _____

3. _____

Will you be requesting financial aid from the college? yes_____no_____

Will other family members be attending college simultaneously with you? Please

explain._____

Are you applying for other grants, scholarships, or loans? Please explain.

_____

_____

Date_____ Signature_____

Please attach:

1 An essay of not more than 250 words as to why you are interested in entering the healthcare field.
2 A transcript of high school grades (9-11 and first semester senior year)
3 Two letters of reference (minister, teacher, employer, etc.)

Please note: It is the applicant's responsibility to be sure that all requested information is attached and that the total application is received by the deadline. Failure to do so will disqualify the applicant for scholarship consideration.

This application must be received no later than April 1, 2014

Please mail application to:

Wooster Community Hospital Auxiliary

c/o Volunteers Coordinator or Scholarship Chairperson

1761 Beall Avenue

Wooster, OH 44691