

Scholarship Application 2011

Twin Cities Hospital Auxiliary

Applicant's Name (print) _____ Birth Date _____

Address _____

E-mail _____ Phone _____

Marital Status _____ Children _____

Employment:

Spouse Occupation _____ Income _____

Self Occupation _____ Income _____

If living with parents:

Father's income: _____ Mother's income: _____

Self:

List employment (summer and after school jobs) _____

1. **Schools attended** (grades 9-12)

Name of School: _____ Location: _____

Name of School: _____ Location: _____

Name of School: _____ Location: _____

Name of School: _____ Location: _____

Grade Point Average: _____

Special Honors/Awards: _____

Will you have graduated from high school by June 30, 2011? _____

Please answer required information in sections 2, 8, 9, 10 on a separate attachment.

2. List school activities or organizations in which you have participated. Include offices held in local, state, or national organizations.

3. Names and addresses of references (include at least one faculty member of your school):
 - a. Faculty Member: _____
 - b. _____
 - c. _____

4. State your health care career goal: _____

5. Name and address of college you plan to attend for your health related career: _____

6. Have you been accepted for admission? _____

7. How much financial assistance will you need? _____

8. Are you the recipient of any other awards or scholarships? If so, please list: _____

9. List all church, community, and/or volunteer activities: _____

10. Please write (on an attachment) any other information about yourself that you feel will be of value to the scholarship committee while considering your application. Include a statement concerning your aims and aspirations in life and your intended educational objective.

Applicant's Signature _____ Date _____

The deadline for submitting this application is March 31, 2011. Successful applicants will be notified before the end of April. At that time, your Social Security Number will be required.

Please mail this completed form to: Twin Cities Hospital Auxiliary
 Attn: Lois Pellnitz, Scholarship Committee Chairman
 2190 Highway 85 North
 Niceville, FL 32578

You may e-mail Lois at loispell10@yahoo.com with any questions and concerns.