Atrium Auxiliary Middletown

Health Career Scholarship Application Form

About the Scholarship Program:

The members of the Atrium Auxiliary Middletown, through their yearly dedication and hard work, raise the monies for this scholarship program which has benefited many area students enrolled in health career programs.

The scholarship program receives its funds from the Auxiliary-operated Hilltop Gift Shop, the Auxiliary's Memorial Fund and special fundraisers. Nearly $675,000 in scholarships has been awarded since the program was established in 1972.

HEALTH CAREER SCHOLARSHIP APPLICATION

Manner of presentation of responses and of the personal essay, as well as the content, will influence selection. Please type your responses or print neatly.

As an applicant, you are responsible for the completion of this form. In order for your application to be considered, your most recent transcript and this completed form with all required attachments must be received at the **Volunteer Services Office,** by 4:00 p.m. on Friday, April 5, 2013. Mail applications to **Auxiliary Scholarship Committee, Atrium Medical Center, P.O. Box 8810, Middletown, OH 45042.** If you wish to hand-deliver the application, the hospital's street address is One Medical Center Drive, Franklin, OH. Map and directions are available at www.AtriumMedCenter.org.

1. Name _____ Age _____ M _____ F _____
   Last First Middle Initial

2. Permanent Home Address _____
   Street
   _____Phone _____
   City State Zip

3. Cell phone _____ Email address _____

4. Family information:
   - If living with parents/guardians:
     Number of brothers/sisters _____ How many in college? _____
     Parents' name(s) _____
     Occupation(s) _____

     —OR—
   - If living on your own:
     Number of dependents _____ How many, other than yourself, in college? _____
   - If applicable:
     Spouse's name _____ Occupation _____

5. Are you an Atrium Health System: Employee? _____ Volunteer? _____
   (Atrium Health System includes Atrium Medical Center and related business entities, such as Atrium Medical Center Pharmacy)

   Or are you:
   An immediate relative of an AHS employee, medical staff or volunteer? Relationship _____

   Previous Auxiliary scholarship recipient? _____

6. Circle range of family income: less than $15,000 $15,000 to $25,000 $25,000 to 50,000 $50,000 to 75,000 more than $75,000

7. Atrium Auxiliary Scholarships provide assistance in paying for tuition, books and fees. No other expenses are eligible under our program. **Payment will be made only to the college or university.** Estimate the total amount you will need for tuition, books and fees for the coming school year:

   $ _____

8. Estimate dollar amount of help you will receive from: Parents/family: $ _____

   Personal Savings $ _____ Your employer $ _____

   Other scholarships $ _____ Balance needed $ _____

9. List scholarships received or for which you have applied for the upcoming school year:

		Applied	Received	Amount
a.				
b.				
c.				
d.				

10. High School_____ Graduation Date _____

    School Address _____
    Street City State Zip

11. Enrolled in _____ college/university.

12. Field of study: _____

    Degree expected _____ Date expected _____

13. Class standing for next year, starting fall 2013: Freshman __ Sophomore __ Junior __ Senior __

14. Student status for 2013-14 school year: Full-time _____ Part-time _____

15. List significant community, high school or college activities and honors by class year. Please attach an additional 8 ½ x 11" sheet, identifying it with your name and Item #15.

16. List below your recent work experience (approx. last 4 years)

Employer	Type of job	Dates	Rate of Pay

17. **Personal Essay.** Essay should be approximately 350 words, well-developed and focused on your motivation for a health care career. Briefly state your long-term educational and professional goals and discuss your most challenging, exciting or enriching intellectual experience.

    Please type your essay on 8 ½ x 11" paper and attach to this application, identifying it with your name and Item #17.

18. **Letters of Recommendation:** List the names and addresses of the two (2) persons who are writing your letters of recommendation. One must be an educator and/or direct supervisor; none may be a relative. Each recommendation must be submitted in a sealed envelope with the writer's signature written across the flap. We prefer that letters be submitted along with your application.

    Educator Name _____

    Address _____
    Street

    _____
    City State Zip

    Other Name _____

    Address _____
    Street

    _____
    City State Zip

To the best of my knowledge, all of the above statements and attachments are true.

Signature of Applicant _____ Date _____

Please be sure to send all of the following by the due date:

1) Completed application.
2) Most recent transcript of grades. (Submit request to your school(s) early to ensure availability of transcript before the due date.)
3) Personal essay.
4) Two letters of recommendation, each in a sealed envelope with the writer's signature across the flap.

Remember, all materials are due at the Volunteer Services Office
by 4:00 p.m. on Friday, April 5, 2013.
(Omission or late receipt of any of the above documents disqualifies the application.)