

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 2, 2010. 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 or medical staff? Relationship _____

Greentree Academy student? _____ 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. Student status for 2009-10 school year: Full-time _____ Part-time _____

14. Class standing for 2009 fall term: Freshman _____ Sophomore _____ Junior _____ Senior _____

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 healthcare 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; 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 2, 2010.**

(Omission or late receipt of any of the above documents disqualifies the application.)