

# Hamilton Hospital Auxiliary Scholarship

## Application Instructions

Hamilton Hospital Auxiliary is dedicated to promoting the health of the communities served by Hamilton Healthcare System. We are pleased to be able to provide this opportunity to further the education of future health care workers and professionals among our youth.

Applicants must be graduating high school students who **reside in the Hamilton Hospital District** or former Hospital District graduates of these areas already enrolled in an undergraduate or graduate program at an accredited institution of higher education. Applicants **must** be pursuing a degree in a medical or other health related field of study **with a minimum GPA of 3.5 or 85%**.

**Applicants should note that applications will be heavily weighted on volunteer activity.**

## Application Checklist

**Complete applications will include:**

- Application form with all required information and signature.
- Separate handwritten statement telling us why you are applying.
- Letter of Recommendation from a teacher or employer.

**Applications are to be received at**

**PO Box 93, Hamilton, TX 76531**

**NO LATER THAN APRIL 20, 2018**

*Late or incomplete applications will not be accepted or considered.*

# Hamilton Hospital Auxiliary Health Care Scholarship Application

Instructions: Print all information in blue or black ink. Return the application to P.O. Box 93 Hamilton, TX 76531. Applications must be received by April 20, 2018. Late or incomplete applications will not be accepted. Please see attached checklist.

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

PARENT'S OR GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

( \_\_\_\_\_ ) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
TELEPHONE DATE OF BIRTH SOCIAL SECURITY NUMBER

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
HIGH SCHOOL ATTENDED GRADUATION DATE

\_\_\_\_\_ TEST SCORES:  ACT  SAT \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
GPA ENG/WRITING MATH READING TOTAL

\_\_\_\_\_ PROPOSED FIELD OF STUDY \_\_\_\_\_ PROPOSED COLLEGE OR UNIVERSITY

SCHOOL SPONSORED CLUBS OR ORGANIZATIONS:

\_\_\_\_\_ OFFICE HELD \_\_\_\_\_  
\_\_\_\_\_ OFFICE HELD \_\_\_\_\_  
\_\_\_\_\_ OFFICE HELD \_\_\_\_\_

HONORS AND AWARDS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXTRACURRICULAR ACTIVITIES:

\_\_\_\_\_  
\_\_\_\_\_

COMMUNITY INVOLVEMENT AND VOLUNTEER ACTIVITIES:

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ACTIVITY/ROLES PERFORMED	HOURS COMMITTED
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ACTIVITY/ROLES PERFORMED	HOURS COMMITTED
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ACTIVITY/ROLES PERFORMED	HOURS COMMITTED
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WORK HISTORY:

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PLACE OF EMPLOYMENT	DATES OF EMPLOYMENT	HRS/WK
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PLACE OF EMPLOYMENT	DATES OF EMPLOYMENT	HRS/WK
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PLACE OF EMPLOYMENT	DATES OF EMPLOYMENT	HRS/WK
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DO YOU INTEND TO WORK WHILE ATTENDING SCHOOL?  YES  NO

HAVE YOU APPLIED FOR FEDERAL FINANCIAL AID (FAFSA)?  YES  NO

IF SO, WHAT IS YOUR EXPECTED FAMILY CONTRIBUTION (EFC)? \$ \_\_\_\_\_

HAVE YOU APPLIED FOR OR RECEIVED OTHER FINANCIAL ASSISTANCE?  YES  NO

IF YES, PLEASE INDICATE THE AMOUNT OF YOUR AWARD OR THE CURRENT STATUS OF YOUR APPLICATION

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AWARD	\$ _____ AMOUNT	_____ STATUS
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AWARD	\$ _____ AMOUNT	_____ STATUS
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DESCRIBE ANY NOTEWORTHY ACHIEVEMENTS OR EXTRAORDINARY CIRCUMSTANCES THAT YOU WOULD LIKE THE COMMITTEE TO CONSIDER IN SUPPORT OF YOUR APPLICATION.

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**ON A SEPARATE SHEET OF PAPER, IN YOUR OWN HANDWRITING, PLEASE TELL US WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP, WHAT YOUR FIELD OF STUDY WILL BE AND WHY YOU HAVE CHOSEN TO PERSUE THIS PROFESSION.**

**PLEASE ATTACH A LETTER OF RECOMMENDATION FROM A TEACHER OR YOUR EMPLOYER.**

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SIGNATURE OF APPLICANT

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DATE OF APPLICATION