

**APPLICATION FOR THE MEMORIAL HOSPITAL SCHOLARSHIP FUND
Including the Dr. G Harold Shedd Award, Kathleen Sheehan Memorial Award and
The Memorial Hospital Volunteers Scholarship Program**

Please return your completed application to The Memorial Hospital Human Resource Office.
Application Deadline: May 15. All applicants must be pursuing health related studies.

Name: _____ Telephone: _____

Home Address: _____

Mailing Address: _____

Date of Birth: _____ Social Security #: _____

I am a: High School Senior Undergraduate student Graduate student
 Other, please specify _____

Upcoming year in school (circle) Undergraduate 1 2 3 4 Graduate 5 6 7 8

College or School for which aid is requested:

Name	City/Town	State	Graduation date
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School is: College or University Vocational/Technical School Other (specify)

I will be enrolled: Full Time Part Time (how many credits)

Total annual cost for program (tuition, room & board, books, etc.): \$ _____

Dollar amount expected from other funding sources: \$ _____

Major Field of Study: _____

For High School Seniors: What is your Estimated Family Contribution (EFC-from your SAR report) _____
(If you did not complete the FAFSA form, leave this blank)

List school and community activities in which you have participated. Use additional page if necessary.

Activity	No. of years	Special Honors
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List paid work experience you have had in the last four years.

Position	Period of employment	Hours per Week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above information, please enclose a brief essay about yourself, including career goals and how your education plans relate to your goals. Please include any special circumstances that might create a financial hardship. Attach a separate sheet.

Date

Signature

The Memorial Hospital Volunteers Scholarship Program supports continuing healthcare education for The Memorial Hospital employees and their children. To be considered for this scholarship fund, please complete the following:

If you are an employee of The Memorial Hospital or an affiliate, your current position _____

If you are the son or daughter of an employee of Memorial Hospital or an affiliate, the name of your employee parent _____

Is your application complete?

- Enclosed documentation of successful completion of previous year or acceptance letter if you are a new enrollee. High school students please enclose transcript.
- Essay enclosed.
- Application signed.