

Conneaut Hospital Thrift Shop

Student Scholarship Application

(Print clearly using black ink or type)

Part 1: STUDENT INFORMATION:

Student Name: _____ SS# (last 4 #'s) _____
Last First Middle Initial

Date of Birth: ___/___/___ Age: ___ Male ___ Female: ___

Marital Statue: Single ___ Married ___ Separated ___ Divorced ___

If married, Spouses' Name: _____

Name and Age of any Children: _____

Home Address: _____
House/Box#/Street/Route# City State Zip

Home Telephone _____ Cell number _____

School Telephone: _____

Field of Education: _____

School(s) Applied to/Accepted at if Known: _____

Currently Employed: No ___ Yes ___ Hours per week ___ Rate of Pay ___

Name of Employer: _____ Work Telephone _____

Supervisor _____

Address of Employer: _____

Job Position _____

Job Responsibility _____

Other Sources and Amounts of Income/Financial Aid Please advise whether applied for or received:

Student Name: _____ SS#(Last 4#'s) _____

School Enrollment: Name of High School _____

Dates of Enrollment/Graduation _____

Name of College _____

Dates of Enrollment/Graduation _____

Diploma/Degree _____

PART II: Current/Extra Activities/Projects/Awards/Recognitions:

A. High School and College Activities/Projects:

Leadership Position:

B. Community Activities/Projects:

Leadership Position:

C. Academic Awards/Recognition's:

Indicate which activity/project/award/recognition (listed above) you feel has been most valuable and meaningful to you in various aspects of your life and why:

In the last year have you or any member of your immediate family volunteered in your community?
If Yes- where and what member _____

STUDENT NAME: _____ **SS# (last 4#)** _____

PART III: ESSAY:

Instructions: in no more than 300 words (approximately 1-1/2 pages, double-spaced): introduce yourself to the Scholarship Committee. Show how your personality, academic background, and extra activities have prepared you for the role as a health care person.

Your essay should be well organized, thoughtful, concise, and grammatically correct.

PART IV: FAMILY INFORMATION (Required if student is a dependent; if not, go to Part V)

A. Identification/Occupation

B. Father's Name _____ Occupation _____

Father's Income: _____ Employer _____

Mother's Name: _____ Occupation _____

Mother's Income: _____ Employer _____

Name and Ages of Siblings Living at Home and/or in College: _____

C. A Parent's Statement/Signature (Required if student is a dependent)

I acknowledge that it is my son/daughter's responsibility to make sure the application is completed and returned/postmarked no later than the March 1st deadline,

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

PART V REFERENCES (Non-Related) (2)

Name: _____ Phone # _____

Name: _____ Phone# _____

(Enclose letters from each reference)

Students Name _____

SS#(Last4 #'s) _____

Part VI. APPLICANT'S STATEMENT/SIGNATURE

I certify that all of the information contained within this application is correct To the best of my knowledge. I understand that information about me may be shared with the public, if I am the recipient of the scholarship, and I consent to the release of Information.

I acknowledge that it is my responsibility so ensure that this application is completed And returned/postmarked no later than the March 1st deadline. I understand that any award will be

Contingent upon my acceptance to and enrollment at an accredited educational institution and program of study. I authorize the scholarship committee to request and obtain information regarding my enrollment status for purposes of making Distribution of any scholarship award.

Applicant's Signature _____

Date: _____

It is the policy of Conneaut Hospital Thrift Shop to consider all applications who are eligible for a Scholarship award without regard to race, color, religion, national origin, gender identity, sexual orientation, age, disability, veteran status, marital status or parental status.