

# Scholarship Application

DECATUR MEMORIAL HOSPITAL AUXILIARY

**Applicants must be** either (1) a high school student in Macon County or (2) currently in application to or enrolled in a college program or (3) an employee of Decatur Memorial Hospital. (DMH employees must be recommended by their director/supervisor.)

**Scholarship award is limited** to health professional support staff (i.e., registered nurses, surgical technologists, phlebotomists, transcriptionists, lab technicians, etc.).

**Note:** (1) Scholarship monies will be paid directly to the college after college acceptance is received by committee. (2) Scholarships must be applied for each year (recipient is eligible for two years). (3) Scholarships are renewable at the discretion of the Scholarship Committee.

**All questions must be answered and returned no later than June 3, 2019.**

Name _____	Birthdate _____	Phone _____
Address _____ (City)	(State)	(Zip)
Parents' Name _____	Recommended by _____	

Have you worked part-time to help with your education/personal expenses?  yes  no  
**If yes**, please explain what you did, where you worked and how much you hope to contribute to your education.  
(A separate sheet may be used if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you the recipient of any other scholarships or financial grants?  yes  no  
Please list type and amount:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Educational Record

High School _____	Graduation Date _____
Post High School _____	Enrollment Date _____

List offices held, academic achievements or activity awards earned in the last two years, either in high school or college. (A separate sheet may be used if needed):  
\_\_\_\_\_  
\_\_\_\_\_

Name of college you plan to attend: \_\_\_\_\_

**Please attach (1) high school or college transcript (2) two character reference letters and (3) a brief statement of your educational and career goals.**

Sponsor \_\_\_\_\_ Relationship \_\_\_\_\_ Date Submitted \_\_\_\_\_