

Scholarship Application

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 4, 2021.

NAME BIRTH DATE 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

TYPE

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