

LIMA MEMORIAL HOSPITAL AUXILIARY

SCHOLARSHIP APPLICATION FOR STUDENTS ENTERING A HEALTH-RELATED CAREER PROGRAM

Lima Memorial Hospital Auxiliary is pleased to award two \$1,500 scholarships to eligible students entering a health-related career program. (A third scholarship will also be awarded from the L.M.H. Nurses' Alumni Association for someone who is enrolled or planning to enter the nursing field.) The purpose of these awards is to help students who genuinely wish to pursue or are already pursuing the health-care field. Those eligible for the scholarship award will broadly represent the community serviced by the hospital, and selection will be made on the basis of academic performance, demonstration of health career interest, personal interview findings and availability to attend presentation luncheon.

A minimum GPA of 3.0 is required. Attendance at the Lima Memorial Hospital Auxiliary General Meeting Luncheon on **Thursday, June 6, 2019** is highly encouraged.

Recipients of Lima Memorial Hospital Auxiliary Scholarships are permitted to accept scholarships from other sources. The check will be sent directly to the college of the recipient's choice and will be made co-payable to the college and the student. If the student terminates his or her education, he or she should consider it a moral obligation to repay the scholarship, except when the cause of termination is due to extenuating circumstances beyond his or her control.

Please give detailed and explicit answers to all questions in the student portion of the application. Once you have completed the student's portion, return it to your counselor to fill out the GPA portion, and ask the counselor to mail the completed application along with the Educator's Report to the Scholarship Committee at the address below.

ALL FORMS MUST BE MAILED TOGETHER TO THE BELOW ADDRESS.

INCOMPLETE APPLICATIONS OR THOSE RECEIVED AFTER THE DEADLINE DATE WILL NOT BE CONSIDERED.

DEADLINE - Saturday, MARCH 30, 2019

The Committee will meet during the month of April to choose the recipients.
The winners of the awards will be notified in May.

**Scholarship Committee/Attn: Scholarship Chair
Lima Memorial Hospital Auxiliary
Lima Memorial Hospital
1001 Bellefontaine Avenue
Lima, Ohio 45804**

LIMA MEMORIAL HOSPITAL AUXILIARY STUDENT APPLICATION

Before completing this form, read the instructions on the previous page. Please print or type.

STUDENT INFORMATION:

SCHOOL INFORMATION:

Name _____

Name of School _____

Address _____

Address _____

City _____ Zip Code _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Phone Number _____

E-mail Address _____

WHICH HEALTH-RELATED FIELD DO YOU PLAN TO PURSUE?

TO WHAT SCHOOLS HAVE YOU APPLIED? CIRCLE THE SCHOOLS WHERE YOU HAVE BEEN ACCEPTED

1. _____ 2. _____

3. _____ 4. _____

GPA _____ Class Rank _____ / _____ SAT and or ACT Scores: _____

FAMILY INFORMATION:

Father's name _____ Mother's name _____

Father's occupation _____ Mother's occupation _____

Annual Family Income: _____ (Finalists may be asked to show proof of annual family income)

Are you married? Yes _____ No _____ If married, list spouse's name and occupation. _____

NUMBER OF OTHER DEPENDENT CHILDREN IN FAMILY: _____

HOW MANY DEPENDENT MEMBERS OF YOUR FAMILY WILL BE ATTENDING COLLEGE NEXT YEAR (include yourself) _____

INTERESTS AND ACTIVITIES:

WHAT ACTIVITIES HAVE YOU PARTICIPATED IN DURING HIGH SCHOOL?

(Activity and hours per week) _____

LIST YOUR WORK EXPERIENCE:

Employer	Hours worked per week	Number of Months/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHAT ARE YOUR HOBBIES? _____

WHAT ARE YOUR PRINCIPLE OUT-OF-SCHOOL ACTIVITIES AND APPROXIMATELY HOW MUCH TIME DO YOU SPEND ON THEM? (CLUBS, YOUTH GROUPS, COMMUNITY GROUPS, ETC.)

IN THE SPACE BELOW, INDICATE WHY YOU ARE INTERESTED IN A HEALTH-RELATED CAREER. EXPLAIN WHAT INFLUENCED YOU TO CHOOSE THIS PARTICULAR FIELD OF INTEREST.

(If additional space is needed, please complete on a separate sheet of paper and attach to application.)

PLEASE NOTE ANYTHING ABOUT YOURSELF OF WHICH YOU WOULD LIKE THE SELECTION COMMITTEE TO BE AWARE. (OBSTACLES / CHALLENGES THAT YOU HAVE OVERCOME.)

I certify that the answer's given by me to the questions and statements are true and correct.

Signature of Applicant / Date

(Please DO NOT use pencil)

EDUCATOR'S REPORT (Educator's Report may be filled out by teacher, coach, counselor)

CONFIDENTIAL

Please accept our thanks for taking the time to assist your student in applying for this scholarship. Your evaluation and comments will greatly assist the Selection Committee. Enclose a copy of the student's school transcript. **THANK YOU!**

Name of student

Address

This student is applying for a Lima Memorial Hospital Auxiliary Scholarship for persons entering a health-related career program. Any information you may give will be treated as confidential. Please provide responses to each question listed.

1. How long have you known this student? _____
In what capacity have you known this student? _____
2. Has the applicant maintained a sincere interest in his studies? (Please explain) _____

3. What is your assessment of the student's academic ability? (Please explain) _____

4. Do you believe the student could be successful in a health-related career? (Please explain) _____

5. Are there any unique factors that make the student especially worthy of receiving scholarship support?

Educators Signature

Title

Class Rank: _____ In a class of: _____ Grade Point Average: _____ ACT or SAT score: _____

MUST BE FILLED OUT BY COUNSELOR

Please attach student's application

Signature: _____

School: _____

Title: _____

Address: _____

Phone: () _____

City: _____ Zip: _____

Mail complete application and transcripts to: Scholarship Committee/Attn: Scholarship Chair

1. Student's application
2. Educator's report
3. Student's transcript

Lima Memorial Hospital Auxiliary
Lima Memorial Hospital
1001 Bellefontaine Avenue
Lima, Ohio 45804

APPLICATIONS MUST BE POSTMARKED BY Saturday, MARCH 30, 2019