



**Foundation**  
OF COMMUNITY MEMORIAL HOSPITAL

## 2020 SCHOLARSHIP APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College or University: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Major: \_\_\_\_\_

**\*\*\*\*Please attach a one-page, single space, typed essay describing:**

- 1. Your interest in this particular health field**
- 2. Outlining your educational plans – be specific (ie: if Nursing – RN, etc.)**
- 3. Include complete information on starting date and anticipated completion of program**
- 4. Career expectations, etc.**

My signature indicates that I am aware that scholarship winners are selected on the basis of grade point average (GPA), essay, application and letters of reference. I agree that you may use my name / essay for marketing purposes if needed. I also understand that scholarship winners are requested to attend the Legacy Brunch in the fall (information will be mailed to you).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please be sure to attach the following information:**

- Two references. (Can not be family member or school employee)
- Verification of admission to health care career program.
- Official Transcript
- Essay

I am a CMH team member or a child of a CMH team member or Board Member.

**RETURN TO THE CMH FOUNDATION BY MARCH 31, 2020**

Attn: Kevin Wannemacher, 208 Columbus Street Hicksville, OH 43526