

# 2017 ADAIR COUNTY MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP

## Application 2017

Please type or print your answers. If application is illegible it will be disqualified.

1	Last Name	First Name			
2	Mailing address:	Street:			
		City:	State:	Zip	
3	Daytime Telephone Number: (    )				
4	Email Address:				
5	Current High School			Number of years attended:	
6	I will be attending the following school in the _____: _____				
	<i>Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds</i>				
7	I will be entering the above-mentioned school as a: (Circle one)				
	Freshman	Sophomore	Junior	Senior	
8	Grade Point Average (GPA): _____ (on a 4.0 scale)				
	<i>Attach proof of GPA. Your most recent Official school transcript required</i>				
9	Name & Address of parent(s) or legal guardian(s): Use reverse side of application if you need more space.				
	Name (s)				
	Street:	City:	State:	Zip	
	Home phone of parents of legal guardians:				
10	Name and city of other high schools attended:			Number of years attended:	
11	List the name of any college you have attended	Year Began	Year Ended	Year Graduated	Type of Degree
	A.				
	B.				
	C.				
12	What specialty/major do you plan to major in as you continue your education?				
13	Expected Family Contribution (EFC) Score: <i>This score is received from FAFSA</i>				

14 What are your educational and professional goals and objectives?

15 List your academic honors, awards & membership activities while in high school or college:

16 List your community service activities, hobbies, outside interests and extracurricular activities:

Checklist for Completed Application

Application must be received by April 14, 2017 or it will be disqualified

- Completed Application form
- 2 letters of Recommendation (school, employer, community leader)
- Copy of most recent transcript
- Proof of acceptance or current enrollment prior to funds being released