

BOONE MEMORIAL HOSPITAL AUXILIARY  
SCHOLARSHIP APPLICATION

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS (Please check one): SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

GRADUATE OF.....(Please check one)

SCOTT HIGH \_\_\_\_\_ SHERMAN HIGH \_\_\_\_\_ VAN HIGH \_\_\_\_\_ BCTS \_\_\_\_\_

YEAR GRADUATED: \_\_\_\_\_ GPA: \_\_\_\_\_

GED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

**FINANCIAL INFORMATION:**

PARENT'S NAMES: \_\_\_\_\_

ARE YOU LIVING WITH YOUR PARENTS? \_\_\_\_\_

NUMBER OF PEOPLE IN YOUR HOUSEHOLD? \_\_\_\_\_

TOTAL HOUSEHOLD INCOME: \_\_\_\_\_

HAVE YOU BEEN AWARDED ANY OTHER SCHOLARSHIPS? \_\_\_\_\_

**COLLEGE OR EDUCATIONAL FACILITY YOU PLAN TO ATTEND:**

NAME OF INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER OF ADMISSIONS OR REGISTRAR: \_\_\_\_\_

MEDICAL FIELD OF STUDY: \_\_\_\_\_

**ADDITIONAL REQUIREMENTS: PLEASE ATTACH**

1. A LETTER OF REFERENCE (CHARACTER OR PROFESSIONAL).
2. COPY OF HIGH SCHOOL TRANSCRIPTS
3. LETTER OF ACCEPTANCE FROM THE EDUCATIONAL INSTITUTION
4. EVIDENCE OF FINANACIAL NEED PROVIDED BY THE SCHOOL COUNSELOR

**OTHER CONSIDERATIONS: (OPTIONAL)**

COMMUNITY SERVICE OPPORTUNITIES: \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES: \_\_\_\_\_

SPECIAL HONORS: \_\_\_\_\_

The BMH Auxiliary Scholarship program is designed to provide scholarships to 4 Boone County students a year who have demonstrated financial need and academic achievement. In addition, the applicant must have been accepted into a medical field of study. Applications are due to the BMH Auxiliary Scholarship Committee by April 30<sup>th</sup> for the fall semester. Final approval for scholarships will be determined by the BMH Auxiliary Scholarship Committee and the Auxiliary President. If you have any questions please contact the BMH Auxiliary at Boone Memorial Hospital: 304-369-1230 ext. 5002.