

Boone Memorial Hospital Auxiliary
Scholarship Committee
Boone Memorial Hospital
Madison, WV 25130

To: Counselor at Scott High School

We wish to continue the tradition of encouraging the academic endeavors of the graduating students of Boone County who wish to pursue a medical career. Times are tough and money is tight for many families in Boone County, thus as we will look at all factors in decision making, financial need will be a major consideration. We will award 4 scholarships county-wide, in the amount of \$500.00 each.

Requirements:

*The scholarships are for graduating seniors who will be entering a medical field Fall 2019.

*Copy of High School Transcripts

*Letter of Reference(personal or professional)

*Letter of acceptance from the educational institution

*Evidence of financial need: Specifically, a letter of recommendation from the High School counselor for believed need of financial assistance for the student. (Print Student Aid Report from FAFSA)

The deadline for submission is March 29, 2019 to the BMH Auxiliary(Scholarship Committee) at Boone Memorial Hospital.

Enclosed are several scholarship applications for students who wish to apply. Please feel free to make as many copies as you need. If you have any questions, please contact us at the telephone number listed below.

Sincerely,
Boone Memorial Hospital Auxiliary
(304) 369-1230 ext. 5002

Angela Price (369-5344)

**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 March 29th 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.