



GUADALUPE REGIONAL MEDICAL CENTER

VOLUNTEERS

2017

SCHOLARSHIP APPLICATION

The Guadalupe Regional Medical Center Volunteers provides two \$1,500.00 scholarships to outstanding students of Guadalupe and surrounding counties who desire to continue their education in a medically related field. One scholarship will be awarded to a graduating high school senior and one to a GRMC Employee.

To be considered for a scholarship each application must be accompanied by the student's most recent transcript and a letter of recommendation, as well as a personal statement.

All applications and selections are handled through the GRMC Volunteers. All materials must be submitted to the GRMC Volunteer Scholarship Chairperson by **April 7, 2017**.

PLEASE TYPE OR PRINT:

Full Name: _____ Date of Birth: _____

Mailing Address: _____

Street

City

State

Zip

Phone Number: Home - _____ Cell - _____ Other - _____

ACADEMIC/EXTRACURRICULAR

High School Attended: _____ Graduation Date: _____

Grade Point Average: _____ SAT: Verbal: _____ Math: _____ ACT: _____

Class rank at end of senior year: _____ Out of: _____

Colleges attended: _____

Major: _____

List your three most significant honors and organizations while a student in high school:

1. _____ 2. _____ 3. _____

Other honors and activities: _____

Out-of-school activities: _____

WORK EXPERIENCE:

Jobs you have held (indicate dates): _____

PERSONAL/FAMILY:

Are you or your parents employed by or a volunteer of Guadalupe Regional Medical Center?

A. Information about your parents:

(If supporting or assisting you)

Your parents' marital status: _____
Father's occupation: _____
Father's employer: _____
Father's total annual income: \$ _____
Mother's occupation: _____
Mother's employer: _____
Mother's total annual income: \$ _____
Number of your parent's dependents: _____
(include yourself)
Number of the above dependents in college: _____
(include yourself)

B. Information about you

(answer only if married or have dependent children):

Your marital status: _____
Number of dependent children: _____
Number of dependents in college: _____
Spouse's occupation: _____
Spouse's total annual income: \$ _____

C. Estimated income during the period for which scholarships are requested:

Personal funds (cash, savings, etc.) \$ _____
Private loans \$ _____
Total summer savings \$ _____
Earnings while in school \$ _____
Parental support \$ _____
Spouse's support \$ _____
Veteran's/Orphan's Benefits \$ _____
Social Security benefits \$ _____
Child support \$ _____

Scholarships awarded (please specify):

Name	Duration	Amount/Year
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Other assistance or income (please specify):		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

RETURN THIS APPLICATION AND THE NECESSARY ATTACHMENTS TO THE GRMC VOLUNTEERS AT THE PATIENT TOWER BY April 7th, 2017. NO LATE POSTED APPLICATIONS WILL BE ACCEPTED.

***TO BE CONSIDERED EACH APPLICATION MUST CONTAIN THE FOLLOING:** (please initial next to each item)

_____ Application _____ Letter of Recommendation _____ Official Transcript

_____ A personal statement; include a description of yourself, your goals, challenges, and why you chose health care, as well as what your plans for your future regarding a career in health care. Also, include anything else you want us to know about you in consideration for this scholarship.

I hereby certify that the above information is true and accurate to the best of knowledge.

Signature of Applicant

Date