

2019  
St. Claire HealthCare  
Auxiliary  
Scholarship Application



Administered by  **St. Claire**  
Foundation

## Applicant Requirements & Award Parameters

- Recipients are to be high school graduates or a graduating senior in high school and are to be full-time students, who are enrolled in an accredited medically related program of study. This includes associate or baccalaureate programs.
- Preference will be given to students who are actively volunteering in St. Claire volunteer programs with an excess of 100 hours of service.
- Recipient must be able to demonstrate academic achievement (GPA of 3.0 or higher), leadership, and community service.
- Recipient should be identified as having financial need by an accredited college or university Office of Enrollment Services.
- The recipient will be selected by the SCH Auxiliary Scholarship committee. The award amount may vary based on available funds, however a minimum of \$500 will be awarded. The scholarship is awarded annually. Recipient may reapply.

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

Cell Phone (    ) \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Business Name (if currently employed) \_\_\_\_\_

Position \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

Business Address \_\_\_\_\_

Hometown \_\_\_\_\_ Graduated from \_\_\_\_\_ High School in \_\_\_\_\_ State

Is anyone dependent on you for financial support? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list them and the extent of support you provide: \_\_\_\_\_

Are you eligible for or have you received financial aid or scholarships from other sources, such as government rehabilitation services, Veterans Administration, inheritance, business firms, or organizations, etc.? Yes \_\_\_ No \_\_\_

If yes, specify sources and amounts: \_\_\_\_\_

Give information concerning current or last school(s) attended:

Name of school	City & State	Date entered	Date left	Diploma/degree
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**\*Please attach an official grade transcript from current or most recent school attended.**

List any special offices, awards, honorary societies, or extracurricular/service activities that you feel are important.

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What school are you attending or planning to attend? \_\_\_\_\_

Date school begins \_\_\_\_\_ What is your major? \_\_\_\_\_

When will you graduate? \_\_\_\_\_ Number of hours accumulated toward your degree \_\_\_\_\_

Which Health Sciences profession do you intend to pursue? \_\_\_\_\_

Please list your employment history beginning with your most recent employer.

**Company name** \_\_\_\_\_ **Your duties** \_\_\_\_\_

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Address \_\_\_\_\_

Starting date \_\_\_\_\_ Date left \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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**Company name** \_\_\_\_\_ **Your duties** \_\_\_\_\_

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Address \_\_\_\_\_

Starting date \_\_\_\_\_ Date left \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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**Company name** \_\_\_\_\_ **Your duties** \_\_\_\_\_

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Address \_\_\_\_\_

Starting date \_\_\_\_\_ Date left \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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Please list any significant volunteer service you have completed with number of hours you have served. (If more space is needed please include on a separate sheet )

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**Please include on separate paper why you want to pursue your chosen career. Include any information that you would like the St. Claire Regional Auxiliary Scholarship Committee to know about you, your experience, your interests and hobbies. Also include your thoughts on how you envision yourself functioning in a Health Sciences career. (Please limit narrative to two pages.)**

Would you be willing to appear before the St. Claire Auxiliary Scholarship Committee? Yes \_\_\_\_\_ No \_\_\_\_\_

Please complete your budget for one school year:

Tuition & fees	_____	Personal savings	_____
Books & materials	_____	Earnings during summer	_____
Room & board	_____	Aid from parents/guardian	_____
Lunches & travel	_____	Aid from other relatives	_____
Installment debt	_____	Scholarships	_____
Other expenses (itemize)	_____	Other resources (itemize)	_____
	_____		_____
	_____		_____
	_____		_____
<b>Total expenses</b>	_____	<b>Total resources</b>	_____

Difference needed \_\_\_\_\_

**Applicant:**

I certify that all information provided on this application is complete and correct and permit members of the Scholarship Committee to contact any employer or reference listed on this application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**This application must be returned by Monday, April 22, 2019 before 4pm to Tom Lewis, St. Claire Foundation Executive Director, in one of the following ways:**

### Your application packet should include:

- Personal cover letter
- Completed Application Form
- Three letters of reference
  - 1 from supervisor of your volunteer service
  - 1 Personal reference
  - 1 Related to your academic performance
- Official grade transcript
- Letter of Financial need from Financial Aid Dept. of accredited school you are enrolled in.

- Via mail: St. Claire Foundation  
Attention: Tom Lewis, Executive Director  
222 Medical Circle  
Morehead, KY 40351
- Via fax: 606) 783-6795
- Email: [Thomas.Lewis@st-claire.org](mailto:Thomas.Lewis@st-claire.org)
- Hand deliver: St. Claire Foundation Office, 227 Allen Avenue, Morehead, KY

**If you have questions, please contact Tom Lewis via email at [Thomas.Lewis@st-claire.org](mailto:Thomas.Lewis@st-claire.org) or by phone at (606) 783-6511.**