

APPLICATION FOR FAIRCHILD MEDICAL CENTER AUXILIARY SCHOLARSHIP

Name of Applicant _____

Last	First	Middle	Age
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Home Address _____

Number and Street	Telephone Number
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City	State	Zip Code
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QUALIFICATIONS AND INSTRUCTIONS

1. Applicant must be from the area served by Fairchild Medical Center.
2. Applicant must be planning a career in a branch of the medical field.
3. Applicant must have a secondary school grade point average of 3.0 or above.
4. Applicant must fill out his/her portion of the application as completely as possible. Answer all questions carefully and thoughtfully.
5. Attach a transcript to the completed application.
6. Attach a letter of recommendation from a teacher **AND** from a community member, known to the applicant, to the completed form.
7. All applications must be complete with letters of reference and transcripts or will be disqualified. Please return to:

**Auxiliary Scholarship Committee
Fairchild Medical Center Auxiliary
444 Bruce Street
Yreka, CA 96097**

On or before March 31, 2020 by 1:00 pm.

8. Monies awarded will be for the following Fall semester. Written verification from the Dean of Admissions must be received by the Auxiliary, stating that the recipient is a full-time student (carrying at least 12 units) prior to sending the monies to the recipient.

**This part of the application is to be filled out by the Applicant
(Print or Type)**

Schools Attended

High School _____

Expected Date
Of Graduation _____

Current Grade
Point Average _____

Father's Name _____

Occupation _____

Address _____

Mother's Name _____

Occupation _____

Address _____

Are you totally dependent on your parents? _____

If not, what percent support do you receive? _____

Number of others dependent upon parents? _____

Totally _____ Partially? _____

State approximate amount of aid you will receive during college year \$ _____

Sources 1 _____ 2 _____ 3 _____

Do you plan to work during vacation and/or school year? - _____

Is financial aid necessary to continue your education? _____

Will you receive other scholarships? _____ How much? _____

What college or university do you plan to attend? _____

Major field of study? _____

Have you submitted an application to the school? _____

Have you been accepted? _____

Why are you interested in the health care field? _____

Please give other information about yourself that will be helpful to the Scholarship Committee. _____

References (Do not use relatives.)

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Reference Letters

**This part of the application is to be filled out by the Applicant
(Print or Type)**

List your student activities other than studies, including offices held and honors received.

Describe your participation in organized activities outside of school (church, community, youth groups, etc).

Describe more particularly those activities, including sport or recreation, in which you are "most" interested.

Do you have any special talent or ability aside from studies? What is it and what have you done to develop it?

This portion of application is to be filled by Parent or Guardian (Print or Type).

(Any information provided below will be strictly confidential.)

Do you confirm applicant's statements and intentions as presented in this application? _____

Approximately what financial assistance, if any, is the family able and willing to provide to assist the applicant in completing the first college year?

The remaining college years?

Please make any other statement you wish as to why this scholarship would be helpful?

(Signed)_____