

**APPLICATION FOR FAIRCHILD MEDICAL CENTER
AUXILIARY SCHOLARSHIP**

Name of Applicant _____
 Last First Middle Age

Home Address _____
 Number and Street Telephone Number

 City State Zip Code

QUALIFICATIONS AND INSTRUCTIONS

1. Applicant must be from the area served by Fairchild Medical Center
2. Applicant must plan a career in a branch of the medical field.
3. Applicant must have a grade average of B or better.
4. Applicant must fill out his/her portion of the application as completely as possible. Answer all questions carefully and thoughtfully.
5. A completed transcript should accompany the completed application.
6. A letter of recommendation from a teacher and from a member of the community, known to the applicant, should accompany 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 Friday, March 30, 2018. No later than 1:00 p.m.

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) _____

**FAIRCHILD MEDICAL CENTER AUXILIARY
SCHOLARSHIP COMMITTEE**

444 Bruce Street
Yreka, CA 96097

February 2, 2018

Dear Counselor,

Enclosed please find copies of the Fairchild Medical Center Auxiliary Scholarship applications to be distributed to interested students. The Auxiliary invites qualified students planning a career in some branch of the health care field to apply for the \$1,000.00 scholarship.

Special emphasis will be placed on the student's career interest and financial need. The student must have at least a B or better GPA. The selected individual must be a full time student, i.e., carry at least 12 units. If the selected student fails to carry the necessary units, another applicant will receive the scholarship.

The application may be copied or you may call me so that when I am in the office again, I can mail you additional copies. Any questions concerning the scholarship can be directed to me, Donna White, Chairman of the Scholarship Committee at 841-1824.

All applications are to be returned on or before March 30, 2018 by 1:00 p.m. Please encourage qualified students to apply.

Sincerely,

Donna White
Scholarship Chairman
Fairchild Medical Center Auxiliary