



## Scholarship Application

(Must be majoring in health care related field)

Scholarship Application Deadline: April 15, 2010

Today's Date: \_\_\_\_\_

**Important: Type or Print Clearly**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

High School: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Guidance Counselor's Phone Number: \_\_\_\_\_

\*\*Please include your academic transcript for the purpose of reviewing scholarship eligibility

**Family Data:**

Father employed? Yes \_\_\_\_ No \_\_\_\_ Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Mother employed? Yes \_\_\_\_ No \_\_\_\_ Occupation: \_\_\_\_\_

Place of employment \_\_\_\_\_

Number of siblings and their ages: \_\_\_\_\_

Are any siblings currently attending either college or private school? Yes \_\_\_\_ No \_\_\_\_

If yes, provide name(s) of educational institution{s} \_\_\_\_\_

**Education Plan:**

College or School you plan to attend: \_\_\_\_\_

Intended major area of study: \_\_\_\_\_

This is a: Two \_\_\_\_ Three \_\_\_\_ Four \_\_\_\_ year program.

Cost per year: Tuition: \_\_\_\_\_

Room & Board: \_\_\_\_\_

Briefly describe your career/professional goals: \_\_\_\_\_

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Please describe your extra-curricular activities in school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List and/or explain any honors or special recognition received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information:**

Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, employer: \_\_\_\_\_

How long have you been employed? \_\_\_\_\_

Have you saved money for your education expenses? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how much? \_\_\_\_\_

How much can your family contribute toward your expenses annually? \_\_\_\_\_

Have you applied for financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, why not? \_\_\_\_\_

Have you been notified of any financial aid available for your education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: Loans \_\_\_\_\_

BEOG \_\_\_\_\_

Scholarships \_\_\_\_\_

Work Study \_\_\_\_\_

Other \_\_\_\_\_

Are these annual or one-time awards? (Explain) \_\_\_\_\_

**Special Circumstances:** Please indicate in this space any unusual circumstances that the scholarship committee should be aware of i.e. illness or death in the family, unemployment or seasonal employment, unexpected expenses, etc. If there are none, leave this space blank: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide two letters of recommendation (one from a member of your high school faculty). List the names and titles of the two references: 1: \_\_\_\_\_

2: \_\_\_\_\_

I certify that the information reported on this application is accurate and correct to the best of my knowledge. I hereby give (name of high school) \_\_\_\_\_ permission to release information concerning my academic history to the Friends of Nashoba Valley Medical Center Scholarship Committee for the purpose of evaluating my eligibility for a scholarship.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Student Name: \_\_\_\_\_

**Submit this application and two letters of recommendation to the Friends of Nashoba Valley Medical Center Scholarship Committee, 200 Groton Ave., Ayer, MA 01432.**

Note: Completing this application does not guarantee you a scholarship. Scholarships are awarded based on the specified criteria. You will be notified if you have been selected to receive this scholarship.

**\*\*\*This scholarship will be awarded at high school graduation.**