

**Wooster Community Hospital Auxiliary  
Scholarship Application  
(Hospital Healthcare Fields)**

*Please complete legibly and in full.*

Name \_\_\_\_\_

Please Print

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Parent(s)/Guardian(s) & Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_

Colleges to which you have applied \_\_\_\_\_

Probable Field of Study \_\_\_\_\_

List, in order of your interest, activities in which you participated:

School:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Outside of School:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List approximate hours and years of volunteer service:

**Community:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**School:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Medical Field: (*Shadowing & Volunteering*)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Financial Need:**

Are there other siblings attending college currently or simultaneously? Please

explain. \_\_\_\_\_

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

**Please attach:**

- 1 An essay approximately 250 words as to why you are interested in entering the healthcare field.
- 2 A transcript of high school grades (9-11 and first semester senior year)
- 3 Two letters of reference (minister, teacher, employer, etc.)

*Please note: It is the applicant's responsibility to be sure that all requested information is attached and that the total application is received by the deadline. Failure to do so will disqualify the applicant for scholarship consideration. The Auxiliary may request an interview.*

This application must be received no later than April 4, 2019.

*Please mail application to:*

**Wooster Community Hospital Auxiliary**  
**c/o Volunteers Coordinator or Scholarship Chairperson**  
**1761 Beall Avenue**  
**Wooster, OH 44691**

