

Scholarship Application for Full-time, Part-time, Per Diem & Per Diem Student Employees

(Please print.)

Please give completed application to **Hospital Human Resources**.

Applications are reviewed for approval by the Passavant Auxiliary Board on the first Tuesday of the month. Applications should be **submitted by the 15th day of the month** previous to the meeting date.

(The Board does not meet in July and August.)

Date received by Human Resources: ___/___/___ Signature of HR: _____

Date received by Nursing Administration: ___/___/___ Signature of NA: _____

Personal Information

Name (First, Middle, Last): _____

Address: (Street or PO Box): _____

(City, State Zip Code): _____

(e-mail): _____

Telephone(s): home _____ - _____ - _____ cell _____ - _____ - _____

Educational Information

Name of School: _____

Address of Financial Aid Office: (Street or PO Box): _____

(City, State, Zip Code): _____

Telephone Number: _____ - _____ - _____

Professional Goal / Course of Study: _____

Occupational Information (circle): Full-time Part-time Per Diem Per Diem student

Date of Employment: _____

Position: _____ Department: _____

Two references from your current position:

1. (name) _____ (position) _____

2. (name) _____ (position) _____

(Application continues on the reverse side.)

Expenses

Have you received other scholarship money for this term? If **yes**, how much? _____ **No**

Have you previously received an Auxiliary scholarship? If **yes**, when? _____ **No**

Expenses for Year: 20____ **Term** (circle one) Spring Summer Fall Winter

Course(s):

Book(s):

(Detailed sheets may be attached.)

Tuition:

Fees:

Books:

\$ _____

\$ _____

\$ _____

Total anticipated expenses: \$ _____

*****Program requirements from the college must be submitted with the first application*****

Agreement

I have read, understand, and agree to the Passavant Area Hospital Auxiliary Scholarship Guidelines.

Signature of Applicant _____

Date (month, day, year) _____ / _____ / _____