**Hayward Hospital Auxiliary Scholarship Application Form**

**(for High School applicants)**

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)

Parent/Guardian Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (not school email):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School you are currently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated number of credits earned at the time of graduation: \_\_\_\_\_\_\_\_\_\_

Rank in Class: \_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_ ACT Score: \_\_\_\_\_\_\_\_\_\_

Number of children in your family: \_\_\_\_\_

Number of children in your family attending post-secondary school: \_\_\_\_\_

Post-secondary school you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons for choosing this school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you expect to complete your vocation or college training: \_\_\_\_\_\_\_\_\_\_

Briefly state your general education plans and ambitions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you qualify for free/reduced lunch: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you working now? \_\_\_\_\_Yes \_\_\_\_\_ No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any extenuating circumstances impacting your financial need. (For example: large debt, grandparents supported by family, serious illness, death in the family, etc.)

*Please attach to your application*.

Why do you believe you should be considered for scholarships? (150-200 word paragraph)

*Please attach to your application*.

List extracurricular activities, honors and/or awards you received in high school:

*Please attach to your application*.

Official transcript

*Please attach to your application*.

***I DECLARE THAT THE INFORMATION REPORTED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.***

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**To be considered, this completed application and all required materials must be received NO LATER THAN April 10, 2020. Please return to your Guidance Counselor who will forward to the Auxiliary Scholarship Committee.**

**Hayward Hospital Auxiliary Scholarship Rules**

1. The Scholarship Committee shall consist of the Auxiliary President, Health Careers Chairperson, Hospital Chief Executive Officer/or designee and the Scholarship Chairperson.
2. Applicant must exhibit a sincere desire to pursue an education in a chosen health care field.
3. Application and **ALL** required documentation must be submitted to the Hospital Auxiliary via mail, in person or electronically.
4. Re-application can be made for the award each successive school year whether or not applicant has previously received an award.
5. The funds will be sent directly to the Director of Financial Aid at the chosen school of the recipient upon proof of enrollment.
6. The scholarship fund is considered a gift/scholarship and need not be repaid, provided that the recipient remains in the health care field program for a period of not less than one academic year.
7. The Scholarship Committee is free to personally interview the applicants and the Committee’s decision is final.