

Mary Lou Johnson Health Career Scholarship Application

Fill this application out completely, printing all information clearly in the spaces provided or indicated. Along with this application, please supply the following:

1. High School Transcript
2. College Transcript, if applicable
3. A Paragraph About Your Finances (explained in Section 4)
4. A Listing of Extracurricular Activities, including: leadership, volunteer experience, community involvement, awards and/or honors.
5. Letter of Recommendation

The Deadline for this application is: **April 1 of Each Year**

Completed applications should be returned to the Administration or Foundation Office at Hardin Memorial Hospital or sent by mail to:

Hardin Memorial Hospital Foundation
921 E. Franklin St.
Kenton, OH 43326

1. Personal Information

Name: _____ Telephone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Parents Names: _____

2. Education

High School: _____ Year Graduated High School: _____

Have you Attended College? Yes _____ No _____

Name & Address of School you will be Attending: _____

Intended Major: _____

Briefly Summarize your Plans following Graduation from College:

3. Finances

What is the estimated cost of your college education for the coming year?

Tuition

Room & Board

Miscellaneous

4. Attachments:

High School Transcript

College Transcript, if applicable

Financial Paragraph: Write a short statement describing your plan to meet the costs of higher education. Tell how much money you now have available through your own savings and/or earnings, to what extent you will receive help from outside sources, expected loans, other scholarships, earnings from employment, etc. All information will be held in strict confidence.

Listing of Activities: Leadership experience, volunteer experience, community involvement, employment experience, awards and/or honors

Letter of Recommendation: a letter of recommendation, not from a family member. Preferably from a teacher or individual with whom you have worked closely, with emphasis on your preferred field of study

**This part of the application does not pertain to the selection process for the scholarship. This is for your benefit only and will not be considered in the selection process. If you have an interest in working at Hardin Memorial Hospital for a summer program in your area of study, your information will be passed along to the administrators of the summer program. Yes _____ No _____

By signing this application, I verify that all information provided herein is true and accurate to the best of my knowledge.

Date _____

Signature _____