

Sunnyside Community Hospital Auxiliary

Health Career Scholarship Application

For academic year 2012-2013

Full Name _____ Age _____

Mailing
Address _____

City _____ State _____ Zip _____

Phone _____ Cell phone _____

Email _____ SS# _____ - _____ - _____

Occupation

Education: High School

Year graduated _____ Advanced Education _____

List school activities in which you have participated

What special honors or scholarships have you received or are due to receive?

If you do not receive this scholarship how will you pay for your education?

What is your choice of career?

What college do you plan to attend?

Hobbies

If dependent: Father's Name

Father's Address

Father's Occupation _____ Education

Mother's Name

Mother's Address

Mother's Occupation _____ Education

How many siblings are still at home?

Will any other family members be attending college at the same time as you?
If so, where?

If married: Spouse's Name

Spouse's Occupation _____ Education

Number of Children _____ Ages _____

In a letter to the scholarship committee, not to exceed one written or typewritten page in length, please write about your reasons for choosing your career and school of choice, your plans upon completion of school, your financial situation, long-term goals and any other information you might think is pertinent in helping the scholarship committee know you as an individual.

Enclose two **recent** letters of recommendation – one from a teacher or instructor who knows your academic work or an employer/coworker who can speak for your work ethic and one from a responsible person in the community who knows you well.

The application should be accompanied by a complete transcript of your high school record, including the first semester of your senior year (if you are currently a senior in high school). Also, if college credits have been earned, please include these **current** records.

Incomplete applications will **NOT** be considered for a scholarship, so please be complete and thorough with the application packet. Enclose all application material in one envelope postmarked on or before **April 9, 2012** and send to:

Debbie Amos, RN, CNOR
c/o Sunnyside Community Hospital
PO Box 719
Sunnyside, WA 98944
(509) 837-1528
Debbie.amos@sunnysidehospital.org

All information obtained throughout the application process is and will remain confidential. Thank you.

Scholarship Application Check-off List

Enclose the following information:

- completed application
- personal letter to the committee
- two recent letters of recommendation
- current high school and/or college transcripts
- Postmarked on or before April 9, 2012 and addressed to:

Debbie Amos
c/o Sunnyside Community Hospital
PO Box 719
Sunnyside, WA 98944
(837-1528)
Debbie.amos@sunnysidehospital.org

Scholarship winners chosen for the 2012-2013 academic school year will be notified via mail by the first week of May and invited to attend the Sunnyside Community Hospital Auxiliary's Annual Installation Dinner.