



The Auxiliary of the Bluffton Hospital has established a onetime \$500.00 scholarship for an area student entering into a health/medical field of study.

The scholarship will be awarded on the basis of:

1. Applicant must be a senior at an area school
2. Applicant must be ranked in the top 1/3 of their class
3. Applicant will be awarded on the basis of high school records; participation and leadership role in extra-curricular activities both inside and outside of school.

Complete this application and attach the following:

1. A letter of acceptance from the college of choice
2. Applicant's official high school transcript
3. Letter of Recommendation from a teacher
4. Applicant's personal handwritten essay
5. Resume or Summary of applicant's school and non-school activities
6. Application and required documents must be received by March 31st
7. Recipient will be notified by May 15th

Bluffton Hospital Auxiliary Scholarship Application

1. Name _____
2. Male _____ Female _____
3. Mailing Address _____
4. Parent (s) Name _____
5. Primary Phone Number _____ High School _____
6. Class Rank _____ ACT/SAT Scores _____
7. Grade point Average (after completing 7 semesters) _____
8. Name of College and intended major _____
9. List all school activities you participated during your high school career.

	Years
	Years
	Years
	Years
	Years
	Years

10. List any other extra-curricular activities/organizations (ex: volunteer activities, Church or community services, etc.).

Scholastic Record:

(To be completed by high school counselor)

Please attach high school transcript, signed by counselor or principal.

1. Class rank per # of students in Class _____ Cumulative GPA _____
2. ACT Composite _____ SAT _____

Signed _____ Position _____

High School _____

High School Address _____

Guidance Counselor Name and Phone _____

Evaluation of Student:

(To be completed by an instructor in senior year of school; okay if completed on separate document)

Please describe the student's abilities in academics, leadership, perseverance and any other areas in which they have excelled.

List a Work Reference:

(Include name, address and phone number)

Personal Statement:

(To be completed by the application - Okay if completed on a separate document)

Why have you chosen a health related career? Explain who or what influenced you to choose this particular field of study.

Statement of Applicant, Parent or Guardian

We have examined this application and the records are true, complete and accurate.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please return (application and all documents) to:

Pat Michel
201 Heather Lane
Pandora, OH 45877