



**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 31<sup>st</sup>
7. Recipient will be notified by May 15<sup>th</sup>

## **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

	Year
	Year
	Year
	Year

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


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### **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.

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**List a Work Reference:**

*(Include name, address and phone number)*

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**Personal Statement:**

*(To be completed by the applicant - 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.

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**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