

LIMA MEMORIAL HOSPITAL AUXILIARY
SCHOLARSHIP APPLICATION FOR STUDENTS ENTERING A HEALTH-RELATED CAREER PROGRAM

Lima Memorial Hospital Auxiliary is pleased to award two \$1,500 scholarships to eligible students entering a health-related career program. (Two scholarships will also be awarded from the L.M.H. Nurses' Alumni Association for someone who is enrolled or planning to enter the nursing field.) The purpose of these awards are to help students who genuinely wish to pursue or are already pursuing the health-care field. Those eligible for the scholarship award will broadly represent the community serviced by the hospital, and selection will be made based on academic performance, demonstration of health career interest, personal interview findings and availability to attend presentation luncheon.

A minimum GPA of 3.0 is required.

Recipients of Lima Memorial Hospital Auxiliary Scholarships are permitted to accept scholarships from other sources. The check will be sent directly to the college of the recipient's choice and will be made co-payable to the college and the student. If the student terminates his or her education, he or she should consider it a moral obligation to repay the scholarship, except when the cause of termination is due to extenuating circumstances beyond his or her control.

Please give detailed and explicit answers to all questions in the student portion of the application.

Once you have completed the student's portion, return it to your counselor to mail the completed application, along with the Educator's Report, to the Scholarship Committee at the address below.

ALL FORMS MUST BE MAILED TOGETHER TO THE BELOW ADDRESS.

Lima Memorial Auxiliary Scholarship Committee
Attn: Scholarship Chair
1001 Bellefontaine Avenue
Lima, Ohio 45804

INCOMPLETE APPLICATIONS OR THOSE RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.

DEADLINE – WEDNESDAY, MARCH 31, 2021

The Committee will meet during the month of April to choose the recipients and the winners of the awards will be notified in May.

LIMA MEMORIAL HOSPITAL 2021 AUXILIARY STUDENT APPLICATION

STUDENT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home phone: _____

Cell: _____ E-Mail Address: _____

SCHOOL INFORMATION:

Name of School: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Which health-related field do you plan to pursue?

To what schools have you applied? Circle the schools where you have been accepted.

1. _____ 2. _____

3. _____ 4. _____

GPA: _____ Class Rank: _____ / _____ ACT Score: _____ SAT Score: _____

FAMILY INFORMATION:

Father's Name: _____ Father's Occupation: _____

Mother's Name: _____ Mother's Occupation: _____

In what ways has your family background influenced/inspired you to believe in yourself?

INTERESTS AND ACTIVITIES

Please list any sports, clubs, programs and activities you have participated in during the past four years, including your activity and roles/responsibility.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please list volunteer/community service performed during the past four years, including organization name, type of service and dates and hours worked.

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any jobs that you have held during the past four years, including employer name, job title, job description and dates and hours worked.

1. _____
2. _____
3. _____

Please list any awards or honors you have received in the past four years.

- _____
- _____
- _____

Please answer the following questions.

1. Why are you interested in a health-related career?

2. What are your short and long-term goals? Are any of them related? Which goals are most important to you?

3. Who or what influenced you to choose this particular field of interest?

4. Is there anything about yourself that you would like the selection committee to be aware of?

- Strengths: _____

- Weaknesses: _____

- Obstacles or challenges that you have overcome: _____

- Hobbies: _____

5. Is there anything else you would like to share to help us distinguish you from other applications?

EDUCATOR'S REPORT (may be filled out by teacher, coach or counselor)
CONFIDENTIAL

Thank you for taking the time to assist your student in applying for the Lima Memorial Hospital Auxiliary Scholarship for persons entering a health-related career program. Any information you give will be treated as confidential and will be of great assistance to our Selection Committee.

Student Name: _____

Student Address: _____

1. How long have you known this student? _____

2. In what capacity have you known this student? _____

3. Has the applicant maintained a sincere interest in his studies? Please explain.

4. What is your assessment of the student's academic ability? Please explain.

5. Do you believe the student will be successful in a health-related career? Please explain.

6. Are there any unique factors that make the student especially worthy of receiving scholarship support?

Signature: _____ Title: _____

School: _____ Phone: _____

Please return the Student Application, Educator's Report and a copy of the student's transcript to:
Lima Memorial Auxiliary Scholarship Committee, 1001 Bellefontaine Avenue, Lima, Ohio 45804
This must be postmarked by Wednesday, March 31, 2021