

DMC Auxiliary Scholarship
2023 Scholarship Application
POSTMARK DEADLINE May 1, 2023

Biographical and Background Information

Name _____

Home Address (permanent) _____

School Address _____

Home Phone _____ Mobile Phone _____

Birthdate _____

Parents' Names _____

How will you pay for your college education? (Explain any additional scholarships, parental assistance, work study, financial aid, personal income and work, projects.)

Section 1 – Educational Information – (10 pts.)

OFFICIAL HIGH SCHOOL TRANSCRIPT OR EQUIVALENT MUST BE INCLUDED WITH APPLICATION

Name of High School attended _____ Graduation date _____

Name of College currently attending/plan to attend this Fall _____

What is your professional goal? _____

What is your course of study? _____

What is your present academic level? _____

Cumulative GPA (4.0 scale) _____

Expected college graduation date _____

Section 2 - High School Organizations, Community, Civic and Church Activities – (10 pts.)

List current and past involvement; including leadership positions held, honors, awards and committees, volunteer roles, as well as any significant contributions you have made to the organization (i.e., student government, academic, social, professional, etc.).

Year(s)	Association/Organization	Offices, Committees, Honors and Awards

Section 3 – Personal Statement – Career goals in healthcare (15 pts.)

Describe your interests and career goals for the future, including why you decided to major in a healthcare related field.

Section 4 – Briefly, describe why you would be a good recipient for the 2023 DMC Auxiliary Scholarship – (15 pts)

Photo Consent Release

If I am selected as a scholarship recipient, I give my permission for an employee for Dorminy Medical Center to take photographs, tape or films and/or to interview the scholarship applicant for broadcast and/or publication purposes.

I relieve and hereby agree to hold the hospital and its agents and employees free and harmless from any and all liability arising out of the photographs, films, tapes or interviews. Since anyone can copy an image or statement from the Internet or make copies from printed materials, I agree that Dorminy Medical Center and its agents and employees are not responsible for unauthorized use of the images or statements. I am aware that I am not entitled to any compensation and that the images and statements may appear with or without my name.

By signing below, I acknowledge I have read and understand this release.

Signature: _____
(Subject or parent/guardian)

Print Name: _____

Student's Certification

I declare that the information reported is true, correct, and complete.

Signature _____ Date _____