

CONNEAUT HOSPITAL THRIFT SHOP

SCHOLARSHIP GUIDELINES

A. ELIGIBILITY

1. Applicant must be: (a) at least 17 years of age, (b) enrolled as a high school senior or a high school graduate, and (c) a resident of Ashtabula County, OH.
2. Applicant must supply all information requested by the scholarship committee, including but not limited to official high school transcripts or proof of grades, proof of any higher education enrollment and degree or certification, and evidence of employment, income and other financial resources, whichever apply.
3. Applicant must submit a completed application and official transcripts and all supporting documentation to the address identified by the stated deadline in a large manila envelope (must be postmarked by June 1).
4. Applicant must be pursuing a career in one of the following health-related fields of education: dental, nursing, pre-med or medicine, pharmacy, physical therapy, or lab/x-ray technician. Does not include veterinary sciences.
5. Applicant must be applying to, accepted at, or enrolled in an accredited educational institution and program of study.
6. Any check issued will be sent to the school.
7. Applicants/Recipients may receive this scholarship for a total of two years and may reapply if they have not received it for two years.

B. APPLICATION DISQUALIFICATION

An application may be disqualified for any one of the following reasons: (1) ineligibility of the applicant; (2) incomplete application; (3) lateness; and (4) falsification of any information (regardless of who may have falsified the information).

C. APPLICATION PROCEDURES

1. Applicant types or prints clearly and legibly using black ink.
2. Applicant writes name and last four digits of social security number on each page.
3. Applicant completes Parts I, II, III, IV, V and VI and signs and dates Applicant's Statement on page 4.
4. Parents of applicant complete and sign Part IV if applicant is dependent.

D. SELECTION PROCESS

1. Applications are reviewed by the scholarship committee.
2. Emphasis is placed on the following considerations: need, leadership, expression of interest in the health field, scholarship, and references.
3. All decisions of the scholarship committee regarding applications are within the exclusive discretion and judgment of its members and are final and binding.
4. Applicants will be notified of the status of their applications.

MAIL APPLICATIONS TO:

CONNEAUT HOSPITAL THRIFT SHOP
SCHOLARSHIP COMMITTEE
P. O. BOX 194
CONNEAUT, OH 44030

Conneaut Hospital Thrift Shop

Student Scholarship Application

(Print clearly using black ink or type)

PART I. STUDENT INFORMATION:

Student Name: _____ SS# (Last 4 #'s) _____
Last First Middle Initial

Date of Birth: ____/____/____ Age: ____ Male: ____ Female: ____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____

If married, Spouse's Name: _____

Name and Age of any Children: _____

Home Address: _____
House/Box #/Street/Route # City State Zip

Home Telephone: () _____ School Telephone: () _____

Field of Education: Dental ____ Physician ____ Physician Asst. ____

Nursing ____ Therapy ____ Lab/ X-Ray Technician ____

School(s) Applied to/Accepted at if Known: _____

Currently Employed: No ____ Yes ____ Hours per week? ____

Name of Employer: _____ Work Telephone: () _____

Address of Employer: _____

Job Position: _____

Job Responsibility: _____

ATTACH VERIFICATION OF EMPLOYMENT (Please attach your most recent pay stub)

OTHER SOURCES AND AMOUNTS OF INCOME/FINANCIAL AID (Please Advise Whether Applied for or Received): _____

Student Name: _____

SS #: (Last 4 #'s) _____

School Enrollment: Name of High School _____
Dates of Enrollment/Graduation _____
Name of College _____
Dates of Enrollment/Graduation _____
Diploma/Degree _____

PART II. EXTRA ACTIVITIES/PROJECTS/AWARDS/RECOGNITIONS:

A. High School and College Activities/Projects:

Leadership Position:

_____	_____
_____	_____
_____	_____
_____	_____

B. Community Activities/Projects:

Leadership Position:

_____	_____
_____	_____
_____	_____
_____	_____

C. Academic Awards/Recognitions:

Indicate which activity/project/award/recognition (listed above) you feel has been most valuable and meaningful to you in various aspects of your life and why.

Student Name: _____

SS #: (Last 4 #'s) _____

PART III. ESSAY:

Instructions: In no more than 300 words (approximately 1-1/2 pages, double-spaced); introduce yourself to the scholarship committee. Show how your personality, academic background, and extra activities have prepared you for your role as a health care person.

Your essay should be well organized, thoughtful, concise, and grammatically correct.

PART IV. FAMILY INFORMATION: (Required if student is a dependent; if not, go to Part V)

A. Identification/Occupation:

B. Father's Name: _____ Occupation: _____

and Employer: _____

Father's Income: _____

Mother's Name: _____ Occupation: _____

and Employer: _____

Mother's Income: _____

Names and Ages of Siblings Living at Home and/or in College: _____

C. Parent's Statement/Signature: (Required if student is a dependent)

I acknowledge that it is my son's/daughter's responsibility to make sure the application is completed and returned by the June 1 deadline.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

PART V. References: (Non-Related) (2)

Name: _____

Phone No. _____

Name: _____

Phone No. _____

(Enclose letters from each reference)

Student Name: _____

SS #: (Last 4 #'s) _____

Part VI. APPLICANT'S STATEMENT/SIGNATURE:

I certify that all of the information contained within this application is correct to the best of my knowledge. I understand that information about me may be shared with the public, if I am the recipient of the scholarship, and I consent to the release of information.

I acknowledge that it is my responsibility to ensure that this application is completed and returned prior to the June 1 deadline. I understand that any award will be contingent upon my acceptance to and enrollment at an accredited educational institution and program of study. I authorize the scholarship committee to request and obtain information regarding my enrollment status for purposes of making distribution of any scholarship award.

Applicant's Signature: _____

Date: _____

It is the policy of Conneaut Hospital Thrift Shop to consider all applicants who are eligible for a scholarship award without regard to race, color, religion, national origin, gender identity, sexual orientation, age, disability, veteran status, marital status, or parental status.