

**COMMUNITY MEMORIAL HOSPITAL AUXILLARY
SCHOLARSHIP APPLICATION**

This scholarship is being made available to Spink County Seniors who will be attending a post-secondary institution in the Healthcare Field. This scholarship will be made available to the recipient following completion of the first term and upon enrollment of the second term of post-secondary education.

Name: _____

Names of Parent(s) and/or Guardian(s): _____

Address: _____

Name of the high school you attend: _____

GPA: _____ Class Rank: _____

Administrative Signature: _____

What post-secondary institution will you attend? _____

Please write a brief essay to submit with your application that you feel will provide information of value to the scholarship committee in considering your application. Information to be included but is not limited to the following:

1. Why you are planning a career in the Healthcare Field and what are your career goals?
2. Current or past leadership roles.
3. Community activities and services in which you have been involved.
4. Work experience.
5. The name of a person influential to you while you have been in high school. Why was this person a positive influence on you?

Signature of Applicant: _____

Please submit your application by March 15, 2019 to:

Community Memorial Hospital Auxiliary
Attn: Judy Carroll
111 West 10th Avenue
Redfield, SD 57469