

Sullivan County Memorial Hospital

Amanda Fordyce Scholarship Application



Please return application to the High School Counselor prior to April 13, 2018

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET ADDRESS/ RR/ PO BOX CITY ZIP CODE

PARENT/GUARDIAN NAMES _____
Father Mother Home Phone #

NAME OF HIGH SCHOOL _____ CITY _____ COUNSELOR NAME _____
G.P.A. _____ CLASS RANKING ____ / ____ (# IN CLASS) ACT SCORE _____

NUMBER OF BROTHERS/SISTERS ____ HOW MANY BROTHERS/SISTERS IN COLLEGE (Secondary Education) ____

Please list school activities, honors or awards you have participated in or received: (You may attach additional information.) _____

Please list your participation and involvement in church, community or civic activities:
Letters of reference may be attached to application.

WHAT UNIVERSITY, COLLEGE, TECHNICAL OR TRADE SCHOOL DO YOU PLAN TO ATTEND?

NAME OF SCHOOL/COLLEGE OR UNIVERSITY CITY STATE

Technical School ____ College or University: ____ 1 Year ____ 2 Year ____ 4 Year ____ Other ____

Have you received a letter of acceptance from the school listed above? ____ Yes ____ No

Expected course or field of study? MAJOR _____ MINOR _____

Please your future career plan(s) including academic and occupational goals:

DESCRIBE A BRIEF SUMMARY OF WHY YOU ARE PURSUING A MEDICAL SCIENCE OR HEALTH CARE CAREER.

Have you applied for other Scholarships, Grants or Financial Aid? YES ___ NO ___

IF YES, PLEASE SPECIFY:

Name of Scholarship(s)	\$ AMT of Scholarship	Has Scholarship been granted to you?

Please attach list if necessary

OPTIONAL QUESTIONS

Have you or will you apply for a student loan or grant which will require subsequent repayment? YES ___ NO ___

Have you taken a health occupations class or passed a certified nursing aide class? YES ___ NO ___

Are you or your parent(s) employed by Sullivan County Memorial Hospital YES ___ NO ___

Are your parents or an immediate family member employed in healthcare? YES ___ NO ___

After graduation, do you plan on returning to Sullivan County or rural America? YES ___ NO ___

Signature of Applicant

Date

The Amanda Fordyce Scholarship Endowment sincerely appreciates you application.
ADDITIONAL INFORMATION MAY BE ATTACHED TO THIS APPLICATION