

4-10-27-19

**AHAA NORTH CENTRAL DISTRICT
SCHOLARSHIP APPLICATION CRITERIA**

The North Central District of the Arkansas Hospital Auxiliary Association is pleased to offer a one-time scholarship of \$1000.00 to someone who is pursuing or will be pursuing a degree in nursing or in another medical-related field. _

Applicant must demonstrate permanent residency in the state of Arkansas.

Applicant may select the college, university, or technical school he or she will attend. The planned course of study must be offered by an accredited institution qualified to offer such study.

Financial need will be considered when evaluating all applications.

Attach to the completed copy of this application the following required materials:

- 1) A copy of your most current high school or college transcript.*
- 2) Two letters of recommendation including one from an academic professional.*
- 3) A copy of the letter of acceptance from the college of choice when applicable.*
- 4) A letter outlining your career goals and your current life situation.*

Applicant must complete every section of the "Scholarship Application" to be considered for the scholarship. Please make sure your application is signed and dated.

The completed application and attachments must be clearly marked to show the applicant's name, address, and telephone numbers at home and work (if currently employed) with convenient contact times.

All items need to be placed in a sealed envelope.

If chosen as the recipient of this scholarship, the applicant should know that the scholarship check will be sent directly to the college, university or technical school which has been selected.

Application must be **RECIEVED** by March 15th.

Submit the application to the following address: Office of Volunteer Services

Baxter Regional Medical Center
624 Hospital Drive
Mountain Home AR 72753

APPLICANT INFORMATION:

Name

Last

First

Middle

Address

Street, Route, Box and/or Apartment

City

State

Zip Code

Social Security Number _____ - _____ - _____ Date of Birth _____

Home Phone _____ Cell Phone _____ Work Phone _____

Best time to be contacted: Home _____ Cell _____ Work _____

Email _____

Education:

Are you in an honors program? _____

Extracurricular Activities:

List all school sponsored organizations, clubs, sports, etc. Years participated and offices held.

List any Volunteer/Community Service Activities and in what capacity you served:

Honors and Awards _____

Work History:

Are you employed? _____ Hours per week _____ Position _____

Employer: _____

Other Scholarships or Grant Awards

No ____ Yes ____

If yes, please list organization(s) and amount _____

Is any family member a hospital employee? _____ If yes, who? _____

Family Information:

Parents' or Spouse's Name (Specify) _____

Ages of children in family _____

Children in College and their ages _____

Household Range of Annual Income

Under \$30,000 ____ \$30,001 - \$49,999 ____ \$50,000 - \$69,999 ____ \$70,000 - \$89,999 ____
Over \$90,000 ____

Academic Achievement *

Sponsored Programs Attended *

High School GPA _____

SNAP _____ Date _____

ACT or SAT Score _____

MASH _____ Date _____

Clinical Internship Program _____ Date _____

Other Medical Programs _____ Date _____

Future Plans

Name your specific area of study in the Health Profession.

Name and address of the school you will be or are attending.

Signature _____ Date _____

* If not applicable, simply acknowledge by putting N/A in the blank space.
Test scores may be included on transcripts.

Deadline for this scholarship application is March 15. This will be applied toward the Fall Semester of applicable year.