



AUXILIARY SCHOLARSHIP APPLICATION

To be completed by the applicant:

Name of Applicant: _____ Date of Birth: _____

Address: _____

Applicant's Email: _____

Cumulative GPA _____ Class Ranking _____ in class of _____ at _____ High School

Colleges being considered, in order of preference: On-campus Commuter Full Time

1. _____

2. _____

3. _____

Describe your educational and career plans: _____

Parents Name: Occupation: Gross Annual Income

Father: _____ \$ _____

Mother: _____ \$ _____

Applicant's gross annual income: _____ \$ _____

TOTAL \$ _____

What is the number of dependent children (including yourself) in your family? _____

Number of children in school at this time: elementary _____ high school _____ college/advanced training _____

Applicant's signature : _____

Parent's signature: _____

Date of signatures: _____ / _____ / 202__

List three professional and personal references who are not family members.

Name and title Street Address City State Zip Telephone

Please submit **completed application, résumé, transcript, and personal essay** prior to **April 22nd, 2022**

to: **Grant Memorial Hospital Auxiliary, ATTN: Brent Harman, P. O. Box 1019, Petersburg, WV 26847.**

If applicant has volunteer hours, documentation must be attached.