Lawrence County Memorial Hospital

Health Care Scholarship

Common Scholarship Application for Bridgeport High School Seniors

To be considered for this scholarships or award, you must return this form along with your essay and high school transcript to the scholarship provider. Essays must be typewritten. Since deadlines for the scholarships vary, please complete your application materials no later than March 31st. Review this application carefully and provide all the information requested. Incomplete applications may not be considered for awards. All information submitted is considered confidential. Please make sure to include your correct email address, cell, and other phone numbers.

Name		SSN (last 4 digits):				
First		Last				
Home Address			County		_ Home Pho	ne
City		State	Zip Code	Em	ail	
Graduation Year	Grade Point A	verage	/4.0 Rank in	Class	of	
ACT Scores – English	Math]	Reading	Science	Compos	iteW	riting
Intended major(s) or interest a	rea(s) is/are (please list	in order of p	oreference):			
First choice			Second choice			
Long Range Career Goal (i.e. La	wyer, Business Owner, o	etc)				
College Choices:			Applied Y/	N	Accepted Y/N	
First Choice						
Second Choice —						
Third Choice Financial Information: Thi confidential.				 cholarships wh	ere applicable	. Information is kept
Parent/Guardian's Name						
Some scholarship givers may	require proof of incor	ne before m	aking final selection	; or other inform	mation may als	o be requested.
Total gross family income (check one):					
_less than \$25,000/yr	\$25,000 - \$40,000/y	vr\$40),000 - \$55,000/yr	_\$100,000-	200,000 /y _r	
_\$55,000 - \$70,000/y _r	_\$70, 000 - \$85,000/	yr _\$8:	5,000 - \$100,000/y _r	_\$200,000	or higher	
Number of dependent brother	lent brothers/sisters living at home Number currently attending college					
Ence Annihestica for Estand		Culture inte	137/37			

Free Application for Federal Student Aid (FAFSA) – Submitted Y/N

Please list sources of financial aid (including other scholarships, loans, grants received and/or applied for).

Financial Aid Source		Applied Y/N	Received Y/N	Approximate Value
What	will <u>you</u> do to bridge any "financial gaps" to fund your education	on?		
Perso	nal Achievements: You may attach a personal resume in lieu of	I, II, III, IV, and V.		
I.	Extra-curricular Activities or Office Held	Year	Positic	on Held or Activity
II.	Community Service			
 	Employment			
IV.	Awards			
 V.	References provide three (3) references with phone number an counselor).	nd list their relation	ship to you (teach	er, employer, clergy, coach, and
VI.	Essay : Please write a short essay describing your <u>background, ca</u> personal development and future aspirations. Use a separate sheet.	Essay should not ex	ceed 500 words.	
	inder: Please return this fully completed application with y Miller, CEO, Lawrence County Memorial Hospital 2200 Stat			
	<u>h 31st.</u>	,		
Арр	licant signature		Date	