Lawrence County Memorial Hospital

Health Care Scholarship

Common Scholarship Application for Lawrenceville 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						
First		Last				
Home Address			County		_ Home Pl	none
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	iteV	Vriting
Intended major(s) or interest a	area(s) is/are (please lis	t in order of _l	preference):			
First choice			_ Second choice			
Long Range Career Goal (i.e. La	awyer, Business Owner,	etc)				
College Choices:			Applied Y/N	4	Accepted Y	N
First Choice						
Second Choice —						
Third Choice Financial Information: Thi confidential.				holarships wh	ere applicab	le. Information is kept
Parent/Guardian's Name						
Some scholarship givers may	require proof of inco	me before m	aking final selection;	or other inform	nation may a	also be requested.
Total gross family income (check one):					
_less than \$25,000/yr	_\$25,000 - \$40,000/	yr\$4	0,000 - \$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 brothe	mber of dependent brothers/sisters living at home Number currently attending college					
Free Application for Federal	Student Aid (FAFSA) – Submitte	d 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 edu	cation?		
Perso	nal Achievements: You may attach a personal resume in lieu	ı 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 numbe counselor).	er and list their relation	ship to you (teach	er, employer, clergy, coach, and
VI.	Essay : Please write a short essay describing your <u>background</u> personal development and future aspirations. Use a separate shinder: Please return this fully completed application with	heet. Essay should not ex	ceed 500 words.	
	Miller, CEO, Lawrence County Memorial Hospital 2200 s	<u>State Street, Lawrence</u>	ville, Il or email to	o smehler@lcmhosp.org_by
	licant signature		Date	