

Dr. James J. Thomas Scholarship Application

Sponsored by
Alliance Community Hospital Auxiliary

PERTINENT INFORMATION

Name of High School _____
Name _____
Complete Address _____
Phone _____ Cell _____
Parent/Guardian _____

EMPLOYMENT

List your employment experience(s) _____

ACTIVITIES

List your school activities (Note offices, leadership positions held, and honors/awards received) _____

List your community involvement and non-school related activities _____

VOLUNTEER ACTIVITIES

ACADEMIC INFORMATION

***Attach a copy of your high school transcript

***Please, NO Teacher recommendation letters

Current GPA _____ Class Rank _____ Class Size _____

Name of college/university you plan to attend _____

Have you been notified of acceptance?.....Yes.....No

SCHOLARSHIP INFORMATION

Have you already received a scholarship?...Yes...No...If so, amount _____

Have you applied for other scholarships?....Yes...No...If so, amount _____

ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER

What influenced you to pursue a career in the Health Care Field?

What are your expectations and goals as you become a Health Care Provider?

* **STUDENT SIGNATURE** _____

* **PARENT SIGNATURE** _____

**PLEASE RETURN THIS COMPLETE APPLICATION TO THE HOSPITAL GIFT SHOP
BY MARCH 22 TO BE CONSIDERED FOR THE \$1500.00 SCHOLARSHIP.**