



AUXILIARY SCHOLARSHIP APPLICATION

To be completed by the applicant:

Name of Applicant: _____ Date of Birth: _____

Address: _____

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 30th, 2021**
to: **Grant Memorial Hospital Auxiliary, ATTN: Brent Harman, P. O. Box 1019, Petersburg, WV 26847.**
If applicant has volunteer hours, documentation must be attached.