



PROMEDICA
COLDWATER REGIONAL
HOSPITAL

274 E. Chicago St.
Coldwater, MI 49036
517.279.5254

ProMedica Coldwater Regional Hospital
VOLUNTEER SCHOLARSHIP

APPLICATION

Due

March 30, 2018 by 4 p.m.

(March 27, 2018 if turned into Counselor's Office)

Please return original copy to the Volunteer Coordinator's Office
ProMedica Coldwater Regional Hospital
274 East Chicago St.
Coldwater, MI 49036

Located at the Chicago St. entrance in the basement
(turn left at the bottom of the stairs and turn right through the door)

Please:

1. Type or print in blue or black ink on your application.

2. Enclose your GPA transcript.
3. Be sure the income asked for is the **Total Household Income**.
4. Sign your name and have a parent sign if you are under 18 years of age.
5. Remember the deadline is **4 p.m. Friday, March 30, 2018** (March 27, 2018 if turned into counselor's office).
6. Check your application to be sure it is completed properly.
- 7. If your application is not properly completed, it will not be considered.**

Name of School _____

DIRECTIONS:

Complete every item of this application and submit the completed form by March 30, 2018, to the Marketing/Volunteer Services Department at ProMedica Coldwater Regional Hospital (Chicago Street entrance, go to the basement, turn left at the bottom of the stairs, turn right through door. The office is at the end of the hall.) If you need more space to answer an item, please write on the back of this application or include an attachment. Scholarships will be awarded to residents of Branch County or employees of ProMedica Coldwater Regional Hospital.

PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____

Address _____
Street City/State Zip Code Telephone #

Date of Birth _____ Age _____

Name of Mother & Father (if still dependent upon your parents' support) _____

Name of Spouse (if you are living on your own) _____

Answer the following questions only if applicable (you are living at home and are still dependent upon your parent(s)' support):

Mother's Occupation (employment) _____ Where _____
Yearly Income _____

Father's Occupation (employment) _____ Where _____
Yearly Income _____

Your Occupation (employment) _____ Where _____
Yearly Income _____

Number of dependent children living at home _____

Number of children living at home and currently attending college _____

Number of children currently attending college away from home _____

If living on your own and self supporting:

Your Occupation (employment) _____ Where _____
Yearly Income _____

Spouse's Occupation (employment) _____ Where _____
Yearly Income _____

EDUCATIONAL INFORMATION

SAT/ACT _____ **GPA** _____
(Please enclose copies)

A. Proposed area of study: _____

B. Below list colleges to which you have applied for admission.

1. _____ Were you accepted? _____

2. _____ Were you accepted? _____

3. _____ Were you accepted? _____

C. I plan to attend and have been accepted to _____

D. I will enter the above named school (month/year) _____

E. I anticipate completion of my education (month/year) _____

F. I have already received the following scholarships, grants, loans, or financial assistance. Please give names and monetary value of each.

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

G. Financing your intended education program:

1. Projected total cost of the first year \$ _____
2. Amount of your family's contribution \$ _____
3. Amount of your contribution \$ _____

H. Amount of other financial assistance (such as Social Security) excluding above mentioned grants, scholarships, etc. you think you will receive other than assistance requested on this application.

REFERENCES, ACTIVITIES, AND RECOGNITIONS:

A. Give information regarding activities you have been/are involved in (interests, special talents, and special recognition you have received).

B. Please explain why you have chosen this course of study and the long-term goals it will help you achieve.

Certification

I hereby acknowledge that the information submitted herewith is true and correct. I fully understand that if a stipend is awarded me, it is to further my education in a health-related field. I agree to use the aid received in accordance with the intent for which the award was given. In the event that I do not enter a health-related field, or if after entering I terminate the program prior to using the granted aid, I will relinquish all claims to the aid in order that it might be awarded to another. In case of termination, I will return all monies not encumbered or expended.

Applicant's Signature _____

Parent's Signature (under 18) _____

Date of Application _____