Received	
Interview	
Approved	
(For office use only)	

SALEM TOWNSHIP HOSPITAL FOUNDATION <u>SCHOLARSHIP APPLICATION</u> FOUR (\$2,500 each) ALLIED HEALTH SCHOLARSHIPS

<u>N301</u>	NAL INFORMATION	Date	
1. Fu	III Name		
	Last	First	Middle Initial
2. Ac	ddress		
3. Ci	ty	State Zip	Phone
4. Bi	rth Date	Marital Status	Spouse's Name
	List in chronological orde	r all schools attended bevor	d elementary school, addresses and
			d elementary school, addresses and
	List in chronological orde		d elementary school, addresses and Degree/Diploma
	List in chronological orde diplomas or degrees grar	nted.	
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1.	List in chronological orde diplomas or degrees grar <u>School</u>	Address	<u>Degree/Diploma</u>
1.	List in chronological orde diplomas or degrees grar <u>School</u>	Address	
1. 2.	List in chronological orde diplomas or degrees gran School	enrolled and course of study	<u>Degree/Diploma</u>
1. 2.	List in chronological orde diplomas or degrees gran School School where presently e Have you been officially a	enrolled and course of study	Degree/Diploma

- 4. Expected Graduation Date _____
- 5. What is your cumulative grade point average? (Include scale)

OCCUPATIONAL INFORMATION

- 1. In what health or science related fields or activities have you been involved, for recreation, as a volunteer or as an employee?
- 2. List all jobs you have held, include employer and type of work, full or part time. Also include any volunteer work you have done ______
- 3. Spouse's occupation, or if single and living at home, list parent's occupation (Include employer's name and address).

FINANCIAL INFORMATION

- 1. Estimated school expenses per academic year. (Include tuition and fees, books and supplies)
- 2. List <u>anyother source of aid</u>. (Include own salary, assistance from parents, grants, loans, etc.)
- 3. Do you contribute to the support of any other person or have other financial obligations? (e.g. parents, children, current loans, etc.) If so, explain briefly.
- 4. Income Information for: Parent_____ Legal Guardian_____ Spouse____ Self_____

 Annual Income: Up to \$20,000_____ \$20,000 to \$45,000_____ \$45,000 to \$60,000_____

 \$60,000 plus______ Number of persons dependent on this income______

Along with completed application include the following:

1. A typed, brief biographical essay, including long range goals.

 The names and telephone numbers of <u>three</u> professional and/or academic references, <u>EXCLUDING</u>relatives;

<u>a)</u>	
b)	
c)_	

3. A letter of recommendation from a Supervisor or Educator.