



# FITZGIBBON HOSPITAL

## Application for The Fitzgibbon Hospital Scholarship Application Deadline: April 6, 2018

All information submitted with this application is confidential. Please print or type. If you need additional space, please write or type on plain white 8 ½ x 11 paper and attach to application.

### PERSONAL DATA

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Check if same as father's address.

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Name of high school \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## SCHOOL ACTIVITIES/ AWARDS

Please list awards, honors, and activities participated in for the last 2 years. Prior years may be listed on a separate sheet of paper.

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Please list any scholarships received.

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Other activities and offices held (High school, community clubs)

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**WORK EXPERIENCE (other than volunteer)**

List all work experience in which you have participated, whether related to health care or not.

Employer	Job Title or Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PROFILE OF THE APPLICANT (Educational and Career Goals)**

Scholastic standing: GPA \_\_\_\_\_

Name of school you will be attending in the fall \_\_\_\_\_

Major \_\_\_\_\_ Minor area of specialization \_\_\_\_\_

How do you plan on paying for your education?

\_\_\_\_\_  
\_\_\_\_\_

What health career do you plan to pursue?

\_\_\_\_\_  
\_\_\_\_\_

What qualifications do you feel you have to pursue a health care career (100 words or less).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education and occupational goals as they relate to the health care industry (100 words or less).

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After graduation from college, do you plan to return to the Marshall community?

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**VOLUNTEER ACTIVITIES/ SERVICES**

Name of agency or institution \_\_\_\_\_  
Supervisor \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Total hours \_\_\_\_\_ Hours during last 2 years \_\_\_\_\_

Name of agency or institution \_\_\_\_\_  
Supervisor \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Total hours \_\_\_\_\_ Hours during last 2 years \_\_\_\_\_

Name of agency or institution \_\_\_\_\_  
Supervisor \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Total hours \_\_\_\_\_ Hours during last 2 years \_\_\_\_\_

The applicant hereby consents that the Scholarship Selection Committee be fully informed as to the Applicant's scholastic standing, character, and other factors having a bearing on this application.

\_\_\_\_\_  
**(Signature of Applicant)**

\_\_\_\_\_  
**(Date completed)**

Please note: It is the applicant's sole responsibility to see that the completed application, official transcripts, acceptance letter to college, and letters of recommendation are received by Fitzgibbon Hospital Human Resources by April 6, 2018. **Incomplete applications will not be reviewed by the scholarship committee.**