

HAMMOND FAMILY SCHOLARSHIP APPLICATION

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____ CITY/ZIP: _____

PARENTS/GUARDIANS: _____
ADDRESS (if different from
student's): _____

LIST ALL CLASS, SCHOOL AND COMMUNITY ACTIVITIES. (i.e.) Memberships, offices,
honors, awards, etc. _____

LIST YOUR EMPLOYMENT EXPERIENCES: _____

LIST THREE (3) PERSONAL REFERENCES (not relatives): addresses & phone #'s:

WHAT SCHOOL DO YOU PLAN TO ATTEND? (Post high school): _____

WHAT FIELD OR PROFESSION DO YOU PLAN TO PURSUE IN THE HEALTHCARE FIELD?

EXPLAIN BRIEFLY HOW YOU FEEL YOUR HIGH SCHOOL, EMPLOYMENT AND OTHER ACTIVITIES MAY CONTRIBUTE TO THE SUCCESSFUL COMPLETION OF YOUR COLLEGE EDUCATION AND HEALTHCARE CAREER: _____

PLEASE DESCRIBE YOUR PLANS FOLLOWING COMPLETION OF YOUR COURSE OF STUDY: _____

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WILL IT BE NECESSARY FOR YOU TO WORK WHILE ATTENDING COLLEGE TO OBTAIN FUNDS NEEDED FOR BASIC COLLEGE EXPENSES? (TUITION, FEES, ROOM AND BOARD) If yes/please explain: _____

I declare that the information in this application is true, correct and complete to the best of my knowledge and belief.

I hereby give permission for the review committee to examine my high school transcript (please attach) and check the references listed on this application.

Applicant's Signature/ Date

Parent(s)/Guardians Signature/ Date

(Please complete the attached autobiographical sketch)

