



## 2025 Auxiliary Healthcare Education Scholarship

**Deadline: April 14, 2025**

Name of Applicant: \_\_\_\_\_

Name of High School Applicant is currently enrolled in: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of Siblings: \_\_\_\_\_ Ages: \_\_\_\_\_

Other immediate family members attending college: \_\_\_\_\_ Name of College: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gross Yearly Family Income: \_\_\_\_\_

Name and Address of College You Plan to Attend: \_\_\_\_\_

\_\_\_\_\_

Intended Major: \_\_\_\_\_

Cost of Yearly Tuition: \_\_\_\_\_

Cost of Room & Board: \_\_\_\_\_

Have You Been Employed While Attending High School?      Yes      No

Please List Any Work Experience You May Have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

Honors / Awards: \_\_\_\_\_

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**Community Service:**

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**Career Goals:**

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Is there anything we should take into consideration that is not included on this application that you wish to share with the selection committee?

**GPA:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **Out of:** \_\_\_\_\_ (class size)

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**Student Signature**

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**Date**

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**Parent Signature**

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**Date**

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**Student Counselor Signature**

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**Date**

**Checklist:**

Please attach the following items to this application.

1. Scholarship Application
2. Three Letters of Recommendations
  - a. Two from teachers
  - b. One community member
3. Official High School Transcript
4. Resume
5. Current picture taped to a full white sheet of paper