

BETHANY VOLZ MEDICAL STAFF SCHOLARSHIP APPLICATION

Memorial Hospital and Health Care Center
800 W. 9th St., Jasper, IN 47546

Personal and Identifying Data

Name – Last

First

Middle

--	--	--

Permanent Address

Telephone #

--

Place of Birth:

Citizenship:

--	--

Sex: M ☐ F ☐ Marital Status: _____ Number of Dependents: _____

Church Affiliation

--

Father's Name

Mother's Name

--	--

Occupation

Occupation

--	--

Employer

Employer

--	--

Scholastic Data

High School

Year of Graduation

--	--

SAT Scores

Math

Verbal

Grade Point Average

--	--	--

Class Rank _____ of _____

--

Principal's Signature (required): _____

Scholarship Data

List name, date and amount of any scholarships or loans received:

Name	Date	Amount
Name	Date	Amount

Are you now applying for any other scholarships or loans? Specify:

Name	Date	Amount
Name	Date	Amount

Bethany Volz Medical Staff Scholarship Application - Page Two
College/University Information

Where do you plan to continue your education?

Have you been accepted? Yes ☐ No ☐

For what specific career are you preparing?

Please provide the following information about the school you plan to attend (approximate):

Tuition and Fees	
Room and Board	
Books and Supplies	

Parent's Confidential Information

All information in this section should be based on your most recent I.R.S tax return.

Applicant's income	
Spouse's income (if married)	
Father's income before taxes (exclude if married)	
Mother's income before taxes (exclude if married)	
Number of dependents (excluding mother and father)	
Number of dependents now in college	
Medical and dental expenses (not covered by insurance)	
Total market value of home	

Do you own or operate a farm or business? Yes ☐ No ☐

If "Yes", please answer the following:

Market value	
Unpaid mortgage principal	
Farm or business net profit last year	
Value of intangibles (stocks, bonds, etc.)	

Unusual circumstances that you feel should be considered: _____

I certify under the penalties of perjury that the foregoing information is true to the best of my knowledge.

Signature of Parent: _____

Bethany Volz Medical Staff Scholarship Application - Page Three

Attachments

Please include the following with your application:

1. Copy of transcript for last four years
2. Reference letter from a clergyman of your church
3. List of honors and awards received in last four years
4. Reference letters from each of your employers during last two years
5. State in 200 words or less why you are preparing for this vocation and why you are applying for this scholarship

I certify under the penalties of perjury that the foregoing information is true to the best of my knowledge.

Signature of Student: _____

All information submitted will be kept confidential.

All applications for the Bethany Volz Medical Staff Scholarship should be mailed or delivered to the following address no later than June 15 of each year:

Memorial Hospital and Health Care Center
Attn: Medical Staff Coordinator
800 West 9th St.
Jasper, IN 47546