

ANN ROBERTS HEALTH CAREER SCHOLARSHIP APPLICATION CHARLES REGIONAL MEDICAL CENTER AUXILIARY RULES

IMPORTANT – PLEASE READ CAREFULLY and RETAIN THIS SHEET

The Charles Regional Medical Center Auxiliary will offer no more than six (6) scholarships in the amount up to \$1,000 each. THE MONIES FOR THE AWARD WILL BE FORWARDED DIRECTLY TO THE INSTITUTION OF CHOICE TO BE CREDITED TO THE STUDENT'S ACCOUNT FOR THE FALL/SEPTEMBER 2022 TERM AS SOON AS PROOF OF ENROLLMENT/REGISTRATION AS A FULL-TIME STUDENT PURSUING AN ACCREDITED HEALTH CAREER IS RECEIVED BY THE AUXILIARY FROM SAID INSTITUTION.

Applicant must be a resident of Charles County and have a "B" or better average during the Junior and Senior years of High School.

TRANSCRIPT OF GRADES AND ATTENDANCE RECORD FOR JUNIOR AND SENIOR YEARS MUST BE RECEIVED WITH APPLICATION NO LATER THAN FRIDAY, MAY 13, 2022, 4:30 p.m., in the Scholarship Committee Office.

A copy of Notice of Acceptance of student by college of choice must accompany application.

Qualified applicants will be asked for an interview by the Scholarship Committee before scholarships are awarded. The Committee will determine the date and time of the interview and applicants will be notified. For further information, please contact:

**Charles Regional Medical Center Auxiliary
Irene Davis Pavilion, Floor 2
6 Garrett Avenue, P.O. Box 1701
La Plata, Maryland 20646
301-609-5001**

Please forward the following to the "SCHOLARSHIP COMMITTEE" to the address above.

1. Completed application for scholarship.
2. Notice of acceptance by college.
3. Sealed transcripts of grades and attendance record for the Junior and Senior years of High School.
4. Sealed transcript of college grades, if student is already in college.
5. Two (2) letters of recommendation addressed to the Scholarship Committee, Charles Regional Medical Center Auxiliary. No more than one from school faculty.

IMMEDIATELY UPON NOTIFICATION OF RECEIPT OF AUXILIARY SCHOLARSHIP AWARD, A LETTER OF ENROLLMENT/PROOF OF REGISTRATION FROM THE COLLEGE OF CHOICE MUST BE SENT TO THE SCHOLARSHIP COMMITTEE. ONLY AT THAT TIME WILL THE AWARD MONIES BE DISTRIBUTED DIRECTLY TO THE STUDENT'S COLLEGE OF CHOICE. STUDENTS WILL NOT RECEIVE THE FUNDS PERSONALLY.



ANN ROBERTS HEALTH CAREER SCHOLARSHIP APPLICATION
(OPEN TO ALL PERSONS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX OR HANDICAP)

NAME (Please print) _____

HOME ADDRESS _____

TELEPHONE _____

EMAIL ADDRESS: _____

PRESENT SCHOOL ATTENDING _____ GPA: _____
GRADE POINT AVERAGE

NAME & ADDRESS OF COLLEGE/SCHOOL WHERE ACCEPTED _____

WHAT, IF ANY, EXPERIENCE IN HEALTH FIELD _____

WHAT SPECIFIC HEALTH CAREER IS YOUR GOAL _____

ANNUAL FAMILY INCOME LEVEL (CHECK ONE)

_____ \$10-\$15K _____ \$15-\$20K _____ \$20-\$30K _____ \$30-\$40K _____ \$40-\$60K _____ OVER \$60K

NUMBER OF DEPENDANTS IN FAMILY (EXCLUDE PARENTS; INCLUDE APPLICANT): _____

NUMBER OF DEPENDANTS IN COLLEGE: _____

PARENTS OR
GUARDIANS NAME (print) _____ TELEPHONE: _____

PARENTS OR GUARDIANS SIGNATURE (Certifying Financial Status): _____

FAILURE TO INCLUDE INFORMATION ABOUT FAMILY INCOME WILL DISQUALIFY APPLICANT.

LIST ANY OTHER ASSISTANCE FOR WHICH YOU HAVE ALREADY APPLIED OR RECEIVED:

IF STUDENT WITHDRAWS FROM SCHOOL DURNIG THE YEAR FOR ANY REASON, OTHER THAN CONTINUED ILLNESS CAUSING INABILITY TO ATTEND, OR FAILS TO MAINTAIN A 3.0 GPA, THE ENTIRE AMOUNT SHOULD BE REPAID TO THE AUXILIARY. ALL INFORMATION FURNISHED WILL BE STRICTLY CONFIDENTIAL.

DATE _____

SIGNATURE OF APPLICANT _____