FRANKLIN HOSPITAL AUXILIARY
2012 HEALTHCARE SCHOLARSHIP APPLICATION

Applicant Name		Date of Birth	
Address	City	State	Zip
E-Mail Address	Phone Number	Are you a resident of Franklin County? Yes No	
Mother's Name	Mother's Occupation		
Father's Name	Father's Occupation		
Names & Ages of Siblings			
High School & Date of Graduation	High School GPA	Guidance Counselor & Phone #	
At What School Have You Been Accepted?			
Course of Study	Anticipated Date of Graduation		
How do you intend to pay for your schooling?			

- Please attach a short statement of interest (one page or less) why you wish to enter the FIELD OF HEALTHCARE and why this scholarship is important to you. Please be neat and use proper English.
- Also, please attach three letters of reference. Letters can be from teachers, school administrators, employers or acquaintances. PLEASE NO RELATIVES.
- Please attach a copy of the school's acceptance letter if one has been issued by application deadline.
- Please mail application, statement of interest, letters of recommendation and school acceptance letter to: Jeannine Smith, Scholarship Chairman, Franklin Hospital Auxiliary, P.O. Box 1004, Benton, IL 62812. PLEASE MAIL YOUR APPLICATION!
- Application must be postmarked no later than March 30, 2012. No applications will be accepted after this date.
- 2012 Scholarship amount is $1,000.00 payable directly to the recipients' school.

By signing below I assure that all of the above statements are true and correct. And if I am chosen as the recipient of the scholarship, I will put forth my best effort in all of my classes so as to honor those auxiliary members who gave of their time and money to provide this scholarship.

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Applicant's Signature Date