

## Drew Memorial Hospital Auxiliary Scholarship Application

Applicants for the scholarship must be aspiring and deserving young men and women who are seeking to further their education for the purpose of pursuing employment in the field of medicine or nursing. They must have completed one semester in nursing with a GPA of at least 2.5. \$1,000 will be awarded to two recipients for Fall 2016 and Spring 2017. The following information is to be completed and returned to the administration office at Drew Memorial Hospital **before February 25, 2016.**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

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

College Nursing Program Enrolled In: \_\_\_\_\_

Field of Study: \_\_\_\_\_ GPA: \_\_\_\_\_ Status:  Full Time  Part Time

Name of Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Intend to Live:  On Campus  Off Campus

Name of Parent/Guardian/Spouse: \_\_\_\_\_

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

If Student is employed – Location and Phone Number: \_\_\_\_\_

Occupation:    Father \_\_\_\_\_                      Mother \_\_\_\_\_                      Spouse \_\_\_\_\_

Approximate Family Income: \_\_\_\_\_                      # of Dependents Living with Parents/You: \_\_\_\_\_

**Income Available to Student from Other Sources:**

Parents: \$ \_\_\_\_\_                      Student Part-time/Full-time Job: \$ \_\_\_\_\_                      Scholarships: \$ \_\_\_\_\_

Work at College: \$ \_\_\_\_\_                      Other: (Name) \_\_\_\_\_                      \$ \_\_\_\_\_

**Total: \$ \_\_\_\_\_**

**References: (Non-Family)**

Name: \_\_\_\_\_                      Address: \_\_\_\_\_

Name: \_\_\_\_\_                      Address: \_\_\_\_\_

Name: \_\_\_\_\_                      Address: \_\_\_\_\_

Attach a biographical statement prepared by the applicant. A portion of the statement is to include a discussion of his/her scholastic interest and why the scholarship should be awarded to them. It should not exceed 500 words. One Letter of Recommendation should also be included from a professional reference or instructor.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Drew Memorial Hospital Auxiliary Verification Form

The following information is to be completed by the Nursing School Dean's Office or Advisor at the applicant's current school and returned.

Applicant's cumulative GPA: \_\_\_\_\_ (on a 4.0 scale)

**Please rank this applicant based on the following criteria, on a scale of 1 to 10 with 10 being the highest recommendation.**

_____	Character
_____	Personality
_____	Leadership Qualities
_____	Scholastic Achievement

**What is your estimate of the applicant's ability and motivation in accomplishing college work?**

_____	Superior
_____	Above Average
_____	Average
_____	Some level of difficulty and requires special guidance/attention

**What honors and scholarships have been received by this applicant?**

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**In what fields, such as writing, sciences, art, music, dramatics, athletics, etc., has this applicant participated:**

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