**LUFKIN**

**DAISY WADSWORTH MEMORIAL**

**VOLUNTEER AUXILIARY SCHOLARSHIP FUND**

**APPLICATION FORM**

**This form must be completed in its entirety! There must be no omissions. Type or print. If additional space is necessary, please attach another sheet.**

NAME OF APPLICANT: Click or tap here to enter text.

 (Last, First, Middle)

Address: Click or tap here to enter text.

 (Street, Apt #, City, State, Zip)

Email address: Click or tap here to enter text. Cell: Click or tap here to enter text.

Social security number: Click or tap here to enter text. Home telephone: Click or tap here to enter text.

Are you a citizen of the United States? Choose an item. If not, what is your status? Click or tap here to enter text.

Age: Choose an item. Marital status: Choose an item.

Present occupation: Click or tap here to enter text.

Employer’s name: Click or tap here to enter text. Telephone: Click or tap here to enter text.

Employer’s address: Click or tap here to enter text.

Date applicant needs funds: Click or tap here to enter text.

Where did you attend high school? Click or tap here to enter text.

Date of graduation: Click or tap here to enter text.

Where did you attend college or trade school? Click or tap here to enter text.

Number of years attended: Click or tap here to enter text. Graduation date: Click or tap here to enter text.

**Attach official transcripts from all colleges or high school(s).**

List previous addresses for the last seven years and length of time at each: Click or tap here to enter text.

Professional field you wish to enter, length of course, and hours needed: Click or tap here to enter text.

School you plan to attend: Click or tap here to enter text. Telephone: Click or tap here to enter text.

Director of Admissions: Click or tap here to enter text. Telephone: Click or tap here to enter text.

Have you been admitted? Choose an item. If not, what is the status of your application? Click or tap here to enter text.

Financial Aid Office mailing address: Click or tap here to enter text.

Have you or any member of your family worked in any hospital or health related field in any capacity? Choose an item.

If yes, who? Click or tap here to enter text. Type of work: Click or tap here to enter text.

How Long? (specify dates) Click or tap here to enter text.

Where? (name and address of facility) Click or tap here to enter text.

Where did you learn of this scholarship? Click or tap here to enter text.

Name of parent, guardian, or spouse: Click or tap here to enter text.

Relationship: Choose an item. City, State, Zip: Click or tap here to enter text.

Number of brothers/sisters: Click or tap here to enter text. Ages: Click or tap here to enter text.

Place of Employment Position

Applicant: Click or tap here to enter text. Click or tap here to enter text.

Father: Click or tap here to enter text. Click or tap here to enter text.

Mother : Click or tap here to enter text. Click or tap here to enter text.

Spouse: Click or tap here to enter text. Click or tap here to enter text.

Guardian: Click or tap here to enter text. Click or tap here to enter text.

Source and percentage of funds available for year in which scholarship is requested

Parents: Click or tap here to enter text.% Self: Click or tap here to enter text.%

Scholarships: Click or tap here to enter text.% Spouse: Click or tap here to enter text.%

Other: Click or tap here to enter text.%

EDUCATIONAL EXPENSES (per Quarter or Semester)

Tuition, Books and/or

Educational Supplies: Click or tap here to enter text.

Transportation : Click or tap here to enter text.

Room/Board: Click or tap here to enter text.

Other (incl.uniforms): Click or tap here to enter text.

Total Expenses: Click or tap here to enter text.

Explain **all** financial aid you are or will be receiving (add additional page, if necessary):

Name of Scholarship/Grant Amount Per year or semester?

Click or tap here to enter text. Click or tap here to enter text. Choose an item.

Click or tap here to enter text. Click or tap here to enter text. Choose an item.

Click or tap here to enter text. Click or tap here to enter text. Choose an item.

Click or tap here to enter text. Click or tap here to enter text. Choose an item.

Signature of Applicant Date Signature of Parent/Guardian

Signature of Spouse Date

Applicants will submit a one-page letter including the name of the most recent school attended and including the following information:

1. Projected goal:
	1. Contribution towards applicant’s future
	2. Contribution to community
2. Ways in which scholarship will help you
3. Physical health
4. Financial need
5. Interests and hobbies
6. Any other information you feel will help the Selection Committee in processing this application

**DEADLINE FOR SUBMISSION OF APPLICATION INFORMATION**

**IS JUNE 15.**

**\*\*\*PLEASE BE SURE YOU HAVE INCLUDED THE FOLLOWING WITH YOUR APPLICATION\*\*\***

1. Three personal letters of reference
2. Official transcripts from all schools attended (high school and/or college)
3. Personal letter
4. Signed Agreement and Conditions

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

**LUFKIN**

**DAISY WADSWORTH MEMORIAL**

**VOLUNTEER AUXILIARY SCHOLARSHIP FUND**

**APPLICATION FOR HEALTH-RELATED CAREERS**

**AGREEMENT AND CONDITIONS**

**PURPOSE OF SCHOLARSHIP:** The purpose of this scholarship is to assist our CHI St. Luke’s Health Memorial Lufkin employees/volunteers, their family members, and others in our area to pursue health related careers. **Thus, we hope to create the desire to excel and return to the CHI St. Luke’s Health Memorial Lufkin as medical professional employees.**

**WHO CAN APPLY:** Individuals who are pursuing health care related careers.

**WHEN TO APPLY:** Applications must be received by June 15th. Applications received after June 15th will not be considered for scholarship awards.

**WHERE TO APPLY:** Applications may be obtained from the CHI Volunteers at the CHI Volunteer Gift Shop, the CHI Volunteer Office and surrounding area high school principals and/or counselors.

**HOW TO APPLY:**  Completed application forms should be returned to **Debbie Perkins, Scholarship Chairperson, 352 Private Road 7844, Broaddus, TX 75929**. Incomplete applications will not be considered. The applicant must provide official high school transcripts for the 9th, 10th, 11th, and 12th grades. College students must provide an official transcript of earned college credits and grades for all previous and current colleges attended.

**QUALIFICATIONS:** Each applicant is graded on the following qualifications for eligibility:

1. Need
2. Grades
3. Leadership
4. Aptitude
5. Achievement

**ANNOUNCEMENT OF AWARDS:** The Scholarship Board of Directors will study all applications and determine the scholarship recipients. Applicants may be called for a personal interview. All applicants will be notified of the decision of the Board by letter.

**COLLEGE SELECTION:** Recipients of these scholarships are eligible to attend any Texas college or university. Upon receiving notice of a scholarship award, the student should contact the Director of Admission and Records of the chosen college for further information and instructions.

**HOW THE SCHOLARSHIP IS PAID:** A $500 payment is scheduled to be made at the beginning of each of the two semesters, fall and spring. Payment is to be made by check to the chosen college by the Chairperson of the Volunteer Auxiliary Scholarship Board of Directors.

**CANCELLATION OF A SCHOLARSHIP:** The awarded scholarship will be cancelled and no further payments will be awarded if a scholarship recipient fails to:

1. Carry at least 12 hours per semester (or the minimum allowed for a full-time student by the college based upon degree plan)
2. Does not maintain an overall 2.0 GPA or better
3. Attend a fall or spring semester for any reason other than a family personal hardship due to death or illness.

Students will send a copy of fall semester grades to **Debbie Perkins, 352 Private Road 7844, Broaddus, TX 75929** during December or before the beginning of the spring semester. If grades are not received, funds will not be forwarded to your college for spring semester!

The college should return any unused funds to CHI St. Luke’s Health Memorial Volunteer Auxiliary Scholarship Fund.

**AWARDS MADE ONLY TO ELIGIBLE APPLICANTS:** An award will be made only when there is an eligible applicant.

**SCHOLARSHIP OBLIGATION:** The awarding of a scholarship does not create an offer of employment, nor does the acceptance of a scholarship create employment obligations. **The CHI Volunteer Auxiliary, however, strongly encourages scholarship recipients to consider returning to CHI as a medical professional employee!**

**DURATION OF SCHOLARSHIP PLAN:** The Directors of the CHI St. Luke’s Health Memorial Lufkin Auxiliary Scholarship anticipate that this scholarship plan may be continued indefinitely. Yet it also realizes that conditions may change in the future, and therefore reserves the right to modify or terminate the scholarship plan, in whole or in part, in such a manner as it may determine.

Applicants are encouraged to make a copy of this application for future reference.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT. I HEREBY AGREE THAT TO THE BEST OF MY ABILITY I WILL ADHERE TO THE AFOREMENTIONED CONDITIONS OF CHI ST. LUKE’S HEALTH MEMORIAL LUFKIN VOLUNTEER AUXILIARY SCHOLARSHIP AGREEMENT.**

SIGNATURE DATE

PRINT NAME

This fund was established in 1986 by the late Daisy Wadsworth, nine-time past President of this volunteer auxiliary, in hopes that its creation would benefit the people of the local community in which she lived and loved. Our never-ending thanks are with Daisy for this gracious and wonderful Scholarship Fund.