

The Hospital Auxiliary Healthcare Scholarship Application

Applicant Name _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone Number _____ Cell Number _____
Email Address _____ -
Name of Parent (Employee) _____
Department _____ Position _____
HHH _____ Coastal Carolina _____
Name of Educational Institution _____
City _____ State _____
Program of Study _____ Degree _____
Grade Point _____ - Expected Year of Graduation _____
Year: Junior _____ Senior _____ Other (Specify) _____

All applicants must submit (1) a signed Scholarship Application (2) an Official Transcript with current grade point, (3) a Personal Essay addressing why he/she is interested in the Scholarship, reason for chosen profession, and goals after graduation.

Applicant is required to read and sign:

I certify that all information in this application and required attachments are complete and accurate to the best of my knowledge. Permission is given to The Hospital Auxiliary and its agents to verify provided information. If I am awarded the scholarship, I understand that I am responsible for any and all tax related implications.

Signature _____ Date _____