

**THE HOSPITAL AUXILIARY HEALTHCARE SCHOLARSHIP
APPLICATION**

Applicant Name _____
Mailing Address _____
City _____ State _____ Zip _____
Cell Phone _____ Home Phone _____
Email Address _____

Name of Parent (Employee) _____
Department _____ Position _____
HHH _____ Coastal Carolina _____ Other _____

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 information. If
I am awarded the scholarship, I understand that I am responsible for any
and all tax related implications. Your FAFSA information may be
required based on a grant received by The Hospital Auxiliary.

Signature _____ Date _____