

**THE HOSPITAL AUXILIARY HEALTHCARE SCHOLARSHIP
APPLICATION**

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Dependent _____ Spouse _____

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 _____