

Department: Roosevelt Memorial Healthcare Foundation	Policy: Scholarship Funding, Application, Distribution
Date Approved:	Review/Revision Dates: 10/20/2009
Medical Dir. Sign:	Department Mgr. Sign:
Administrator Sign:	Mid-level Sign:
Non-employee Participant Sign:	

Roosevelt Memorial Healthcare Foundation Scholarship Application

Applicant Name: _____ **Date:** _____
Address: _____
Phone Number: _____

Applicant enrolled at (name of college, technical school, etc.):
Name of Institution - _____
Institution Address - _____
Major Field of Study - _____
Financial Aid Office Contact Phone Number - _____

Graduated from (circle one): Culbertson Froid Bainville **Year of Graduation:** _____

Enclose copy of transcript from most recent school attended.

Extracurricular, community, church, organizational participation and/or offices held:

 _____ (attach additional page if needed)

Briefly comment about why you think you qualify for this scholarship:

 _____ (attach additional page if needed)

Enclose two (2) reference letters from someone you are not related to.

Enclose letter of recommendation from a school representative from most recently attended school. If you have not attended a school in the past 3 years, please note that with your application and include a letter from an employer.