

Wood County Hospital Medical Staff Scholarship Application Packet

Attached is the Wood County Hospital Medical Staff Scholarship Fund Application and Questionnaire.

The current scholarship cycle will begin on July 1, 2022.

Deadline to return completed applications is April 8, 2022.

Announcement of winners will be by May 6, 2022.

Criteria:

- Applications must be submitted to The Wood County Hospital Medical Staff Office, 950 West Wooster Street, Bowling Green, Ohio 43402. Applications are available in the Medical Staff Office and should include certified high school and/or college transcripts and SAT / ACT scores, as well as three letters of reference.
- Recipients shall be limited to high school seniors majoring or concentrating in the study of medical, nursing or allied health professional fields in an undergraduate capacity.
- The scholarship shall be based upon financial need, academic achievement, accomplishments and references.
- Students are permitted to receive other forms of assistance or other scholarships.
- Recipients must maintain a grade point average of 3.0 on a 4.0 scale or above.
- All scholarships are limited to educational expenses (i.e., tuition, books, lab fees and internship), and cannot be used for personal expenses. Upon receipt of acceptance, school information should be provided to the Medical Staff Office and payment will be made directly to the school.
- Applicant must be a resident of Wood County, attend a High School in Wood County, or have a parent who is employed by Wood County Hospital.

Scholarship:

A total of five (5), \$2,000.00 scholarships will be awarded.

Wood County Hospital Medical Staff Scholarship Application and Questionnaire
This is discretionary funding that is subject to change.

Please complete the application below for a scholarship in the amount of \$2,000.00.

<i>INFORMATION ON YOU – THE APPLICANT:</i>	
Name:	
Address:	
Telephone – home:	Telephone – cell or other:
Drivers License:	Social Security #:
What school are you currently attending?	
Anticipated graduation date:	
To what schools have you applied?	
Have you been accepted?	
If Yes – Where were you accepted?	

<i>INFORMATION ON YOUR FAMILY (FOR SINGLE APPLICANTS LIVING AT HOME ONLY):</i>	
Father's Full Name (if living):	Telephone:
Address:	
Employer:	Occupation:
Mother's Full Name (if living)	Telephone:
Address:	
Employer:	Occupation:
Do your parent(s) assist you with tuition expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe their contributions:	

<i>INFORMATION ON YOUR FAMILY (FOR DEPENDENT STUDENTS)</i>
Your Marital Status (please check one): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

If married, your spouses name:			
Spouses Employer:		Occupation:	
Number of Dependents Living with You:			
Please describe other means of support that you may receive:			
YOUR EDUCATION:			
Please list in chronological order all schools attended. Please attach copy of transcript(s) of grades from most recent completed school(s). <i>(These can be unofficial transcripts.)</i>			
Name of School	Location of School	Dates of Attendance	
SCHOLASTIC DISTINCTION OR HONORS:			
Please list any scholastic distinctions or honors that you have received:			
YOUR OUTSIDE ACTIVITIES:			
List all your extra-curricular and community activities (excluding jobs) during the past three or four years in order of their importance to you. (Examples: Student government, drama, band, Boy or Girl Scouts, clubs, church, etc.) If post high school, include clubs or organizations to which you belong.			
Activity	Approximate Dates	Hours per Week	Describe your Participation
YOUR WORK EXPERIENCE:			
Employer	Job	Date	Hours per Week
REFERENCES:			
Please attach three (3) original letters of reference to support your scholarship application. These references can be from a teach, an employer, or business person familiar with your financial status. Please use this space to summarize who your references are:			
Name:	Occupation:	How do they know you?	

STATEMENT:

Use this space to explain your reasons for asking for financial assistance.

Use this space to explain what first interested you in this field of health care and why you desire to pursue this career

Date: _____ Signature: _____

For Internal Use Only:

Scoring Criteria:

Financial Need:

Academics:

Extra Curricular:

Other: