

APPLICATION FOR SCHOLARSHIP IN THE HEALTH CARE FIELD

SAINT ALPHONSUS AUXILIARY – BAKER CITY

A scholarship of \$2,500 will be awarded by the Saint Alphonsus Auxiliary - Baker City, Oregon to a Baker County High School graduate or a current Baker County resident who has at least a college sophomore status by September 2012 and is enrolled in the health care field as: RN, LPN, Radiology, Medical Lab Technician, Occupational, Physical or Respiratory Therapy or similar areas.

This application must be returned to Peggy Payton, 43956 Old Wingville, Baker City, Oregon 97814 by April 15, 2012. The recipient will be notified by May 20, 2012 and the check will be sent to the school to be credited to the student's account.

NAME: _____ AGE: _____

COLLEGE ADDRESS: _____ PHONE: _____

BAKER COUNTY ADDRESS: _____

HIGH SCHOOL YOU GRADUATED FROM & YEAR: _____

WHAT COLLEGE ARE YOU ATTENDING? _____

COLLEGE ADDRESS: _____

GPA: _____ PLEASE ATTACH A COPY OF YOUR TRANSCRIPT.

IN WHAT FIELD OF STUDY ARE YOU ENROLLED? _____

HOW LONG WILL YOUR EDUCATION/TRAINING TAKE? _____

FINANCIAL STATUS: ARE YOU CURRENTLY WORKING? _____ WAGES PER HOUR: _____

DO YOU WORK SUMMERS? _____

% OF PARENT'S FUNDING: _____

% OF YOUR OWN FUNDING: _____

AMOUNT AND KIND OF SCHOLARSHIPS: _____

Comments from applicants: Please make comments regarding your future plans in your field. Use another sheet if you wish. Please attach a recent photograph. Please give permission to release your name and photograph to the local news media. Please furnish the name, address and telephone number of two Baker County references.

Applicant's Signature

SUPERVISOR OR DEPARTMENT HEAD: Please briefly evaluate this student's ability and dedication. Make any other comments you feel would be helpful. THIS MUST REACH US BY APRIL 15, 2012. Thank you for your help.

If you have questions, please call Peggy Payton 541-523-6603 or Marilyn Bloom 541-523-2750.