



**SCHOLARSHIP / EDUCATION ASSISTANCE PROGRAM APPLICATION**

Please check scholarship(s) you are applying for:

<input type="checkbox"/>	Ferguson Scholarship Fund
<input type="checkbox"/>	Hunter / Chamberlin Scholarship
<input type="checkbox"/>	Patricia M. Gregory Scholarship
<input type="checkbox"/>	Christy St. Onge Memorial Scholarship (WMC)
<input type="checkbox"/>	Robert M. Quay, MD Scholarship (WMC)
<input type="checkbox"/>	Weeks Medical Center Education Assistance Program

- Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(First) (M.I.) (Last) M / DD / YY
- Mailing Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
- What health related profession have you chosen as a career? \_\_\_\_\_
- What are your goals relative to your chosen career? \_\_\_\_\_

6. List school you would like to attend in order of your choice:

School	No. Years	Total Cost (First Year)	Have You Applied?	Been Accepted? (Yes or No)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

6A. Estimated cost first year at \_\_\_\_\_  
School Amount

7. Estimated funds for first year:

- From Parents, relatives, friends \$ \_\_\_\_\_
- From your employment \$ \_\_\_\_\_
- From your present savings -  
(Divide by total number of years \$ \_\_\_\_\_ planned education will take.)
- From other sources (Scholarships, etc.) \$ \_\_\_\_\_

8. Total Cost (6A) \_\_\_\_\_ less total resources (7) \_\_\_\_\_ Need \_\_\_\_\_

9. List Scholarships, Grants, or loans applied for:

Date	Name	Haven't Heard	Refused	Amount Granted

10. A one-page essay summarizing why you are interested in a healthcare career is **required**. Also, address a letter to the Human Resources Department stating any special circumstances the Committee should consider, any recommendations, honors, or positive points you wish to have considered.

**Please attach a Program Acceptance Letter and School Transcript.**

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

I have reviewed the information given in this application for a scholarship and find it correct to the best of my knowledge.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Parent or Guardian

**NCH-Weeks Medical Center Employees go to page 3.**

**Weeks Medical Center Employees:**

Name of Accepting School: \_\_\_\_\_

Full Address: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Anticipated Month/Year of Graduation: \_\_\_\_\_

For which year of program is funding being requested? \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date