

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

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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