

NEA Baptist Memorial Hospital Auxiliary Scholarship Application

Please type or print. If the application is illegible, it will be returned to you.

Date of Application:		Date Received by Auxiliary:	
1. Last Name:		First Name:	Birth Date:
2. Mailing Address:			
Street:			
City:	State:	Zip Code:	
3. Daytime Telephone Number:		Cell:	
4. Current Employer:	Date of Hire:	Position:	
5. Current High School/College/University		Number of Years Attended	
6. Grade Point Average (GPA): (on a 4.0 Scale)	Attach proof of GPA Most recent official school transcript required.		
7. Junior Auxiliary Member:	Total # of volunteer hours at NEA BMH:		
8. I will be attending the following school:			
Address:			
City:	State:	Zip:	
Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.			
9. I will be entering the above mentioned school as a (circle one):			
<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
10. Name and Address of Financial Aid Officer:			
Name:			
Street:			
City:	State:	Zip Code:	
Phone:			
11. What specialty/major do you plan to major in as you continue your education?			
What is your anticipated completion date of studies?			

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A. The following items must be attached for the application to be reviewed by the Scholarship Committee; incomplete applications will be returned. NO EXCEPTIONS

- 1. Three(3) letters of reference:** Reference name, position, relationship, address, and contact phone numbers (First time applicants/recipients only)
- 2. Proof of college acceptance or current student enrollment.** A letter of college acceptance or program acceptance is required for receipt of funds. A copy of schedule for the semester for which you are applying is acceptable.
- 3. Most recent OFFICIAL high school or official college transcript.** Photocopies of your transcript are **not acceptable**.

STATEMENT OF ACCURACY

I hereby affirm that all stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Auxiliary's scholarship program.

I hereby understand that if chosen as a scholarship recipient, according to the NEA Baptist Memorial Hospital Auxiliary Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before funds can be awarded.

I hereby understand that I will **NOT RECEIVE A REFUND** of any portion of this scholarship should there be a remaining balance after tuition and student fees/charges have been paid.

Signature of scholarship applicant: _____

Date: _____