

Forks Community Hospital
Scholarship Award Application

Instructions

1. Complete and forward this Scholarship Application to:

Forks Community Hospital
Human Resources
530 Bogachiel Way
Forks, WA 98331

2. Include copies of other Financial Aid Awards received or pending for the 2010-11 school year.
3. Include at least two (2) Letters of Recommendation (request form below).
4. Attach other pages as needed.
5. FCH Scholarship Award applicants will be notified after review by the Scholarship Committee.

Please type or print using black ink.

1. Student Information	
Last Name:	First Name:
Current Address:	Permanent Address (if different):
Phone:	E-mail:
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	

2. Academic Information	
Academic Program (e.g. BS Nursing):	School/Institution:
Current year in Program:	Current Major (if preparing for Program):
Expected Program Graduation Date:	Location (where you attend Program):
Anticipated Annual Program Expenses: Tuition: \$ _____ Books: \$ _____ Housing: \$ _____ Total: \$ _____	Other Degrees/Certifications/Licenses received previously (degree, institution, date):

3. Student Profile

Leadership/Volunteer/Community Service Experience:

List community or academic clubs, teams, organizations in which you have participated in the past three (3) years. Provide dates of involvement and describe your role, contributions and experience gained.

Employment History:

List your employment experiences over the past 3 years, current or most recent employer first. Include any internships (unpaid) experiences. Provide dates, title, summary of duties.

4. Financial Information (for 2010-11)

If you are currently receiving financial aid, please include a copy of your most recent Financial Aid Letter. Please indicate any financial aid you did not accept or changes to the financial information shown on the Letter.

Anticipated wages/salary/tips: \$
Scholarships/Grants: \$
Student Loans: \$
Tuition Waivers: \$ _____
Total: \$

5. Personal History/Career Goals

Write a personal mission statement describing your career goals. What do you want to accomplish with your education? 250 word limit.

6. Other Considerations

Describe any other considerations or special circumstances you feel the Scholarship Committee should consider. We welcome any information that will assist us in making award decisions.

7. Application Certification

I certify that ALL information provided above is true and accurate at this time. I grant permission to Forks Community Hospital to verify this information and obtain other information as needed to determine my eligibility for FCH Scholarship Award.

Applicant Signature:

Date:

Request for Letter of Recommendation

Student Name:

Date:

The above student has applied for an academic scholarship through Forks Community Hospital. We would appreciate your input in helping us to evaluate his/her application.

Please tell us in what capacity and for how long you have known this student. Provide your assessment of his/her motivation in pursuing and suitability for a healthcare career. Any insight you can provide with respect to his/her academic aptitude, financial need, and potential commitment to service in rural healthcare would be helpful

Thank you,

Forks Community Hospital
Scholarship Committee
530 Bogachiel Way
Forks, WA 98331