

Dr. James J. Thomas Scholarship Information

As the Aultman Alliance Community Hospital Auxiliary has done in the past, we are again offering the *Dr. James J. Thomas Scholarship* to four seniors from area high schools. This is a one-time \$1,500, second semester, scholarship for those students interested in pursuing a career in the *healthcare field*.

Scholarship recipients are selected by a committee representing the Auxiliary (2), healthcare professionals (1) and the community (1). The committee's selection is made based on points awarded in the following areas:

- Interest in healthcare field
- Volunteer work in any location
- School and community involvement
- General academic achievement

It is the responsibility of the student to return the application and a transcript of high school grades, including signatures to the Hospital Gift Shop **no later than 3 p.m. on Friday, March 24, 2023**.

Individuals who are selected as a recipient of a scholarship will be notified, as well as the guidance counselor of the school. An Auxiliary representative will be present at the school's awards program to present the recipients with a congratulatory letter.

If you have any questions concerning this scholarship opportunity, please contact the Aultman Alliance Community Hospital Volunteer Services Department at 330-596-7821. We appreciate the opportunity to offer this scholarship to students in our area schools.

Sincerely,



Mary Lou Williams
Auxiliary Scholarship Chairwoman

*Please Mail Applications to:
Aultman Alliance Community Hospital-Gift Shop
Attention: Auxiliary Scholarship Committee
200 E. State St.
Alliance, OH 44601*

Dr. James J. Thomas Scholarship Application

Sponsored by
Aultman Alliance Community Hospital Auxiliary

PERTINENT INFORMATION

Name of High School _____

Name _____

Complete Address _____

Phone _____ Cell _____

Parent/Guardian _____

EMPLOYMENT

List your employment experience(s) _____

ACTIVITIES

List your school activities (Note offices, leadership positions held, and honors/awards received) _____

List your community involvement, non-school related activities and hobbies _____

ACADEMIC INFORMATION

***Attach a copy of your high school transcript

Current GPA _____ Class Rank _____ Class Size _____

Name of college/university you plan to attend _____

Have you been notified of acceptance?.....Yes.....No

SCHOLARSHIP INFORMATION

Have you already received a scholarship?... Yes...No...If so, amount _____

Have you applied for other scholarships?....Yes...No...If so, amount _____

ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER

What influenced you to pursue a career in the Health Care Field?

What are your expectations and goals as you become a Health Care Provider?

* **STUDENT SIGNATURE** _____

* **PARENT SIGNATURE** _____

PLEASE RETURN THIS COMPLETE APPLICATION TO THE HOSPITAL GIFT SHOP BY MARCH TO BE CONSIDERED FOR THE \$1,500 SCHOLARSHIP.