

Dr. James J. Thomas Scholarship Application

Sponsored by
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 21st at 3:00 p.m. TO BE CONSIDERED FOR THE \$1500.00
SCHOLARSHIP.