

## **Dr. James J. Thomas Scholarship Application**

Sponsored by Alliance Community Hospital Auxiliary

### **APPLICANT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name of High School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

### **EMPLOYMENT** – List your employment experience(s)

---

---

---

### **NON-SCHOOL-RELATED ACTIVITIES** – Examples: community, church, volunteer, etc.

---

---

---

---

### **SCHOOL ACTIVITIES** – List offices, leadership positions, awards, honors, sports, committees, extracurricular activities, etc.

---

---

---

---

---

### **ACADEMIC INFORMATION** - Attach a recent official high school transcript.

Current unweighted GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

Name of the school/program you plan to attend \_\_\_\_\_

Have you been accepted?      Yes      No

**APPLICANT NAME** \_\_\_\_\_

## SCHOLARSHIPS

Have you been granted a scholarship(s)? Yes No If yes, amount(s) \_\_\_\_\_

Have you applied for other scholarship(s)? Yes No If yes, amount(s) \_\_\_\_\_

**BRIEFLY TELL US MORE ABOUT YOU AND WHY YOU WANT TO PURSUE A CAREER IN HEALTHCARE:**

**STUDENT SIGNATURE** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please return the completed application to the Alliance Community Hospital Gift Shop by March 20, 2026. Include a recent official high school transcript and letters of recommendation from two teachers.

**Applications submitted after the deadline will not be eligible.**

**Date Received by Guidance Counselor:**

**Date Received by Gift Shop:**