

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:

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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: _____