

The Grace Bernardo, M.D. Memorial Health Careers Scholarship Application – 2012

Scholarships administered by the
Roscommon County Community Foundation

NOTE: Student applying for this scholarship must be entering and or enrolled in a health care education / training programs.

Name: _____

Address: _____

Township: _____

Phone: _____ GPA: _____ SS#: _____

E-mail address: _____ Cell phone: _____

Planning to attend: _____

To complete a degree in your chosen area of education, you will be in college for a:
(Check one)

One-year program _____ Two-year program _____ Four-year program _____

Intended Major: _____

Name of Parent/Guardian: _____

Address: _____

Occupation: _____

Yearly family income: _____

Please submit the following information:

- a.) In **essay form**, write a **personal statement**, of not more than one or two type written pages, stating your long range goals, how college will help you to achieve those goals and why you have chosen a health related career.
- b.) On a separate sheet of paper, list your **extracurricular in-school activities** for grades 9, 10, 11 and 12 (example: student council, class officer, athletics, band / choir, clubs and organizations). Please include the number of hours expended each year in these activities.
- c.) On a separate sheet of paper, list your **extracurricular out-of- school activities** for grades 9, 10, 11 and 12 (example: work experience, church activities, community service, volunteering and civic organizations). Please include the number of hours expended each year in these activities.
- d.) **School transcript**. Documentation stating a C+ (2.30 on a 4.0 grading scale) or better cumulative grade point average.
- e.) A copy of your **SAR (Student Aid Report)** is **required** to establish financial need.
- f.) On a separate sheet of paper, a statement of financial need addressing the following:
 - 1.) **Estimated cost of your education**: including tuition, dorm rent, books and lab fees
 - 2.) **List the names and dollar amounts of scholarships** that you have received to date.
 - 3.) Any **special financial challenges** you or your family may be facing.

We, the undersigned Applicant and Applicant's Parent/Guardian, do hereby state that the above requested information is true to the best of our knowledge, and with our signature do hereby give our permission to release the above information to the Grace Bernardo Scholarship Committee and the Roscommon County Community Foundation for selection and administration purposes only.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This application will be kept strictly confidential.

Return this application to your Counseling Office no later than March 2, 2012.

Late applications and incomplete applications will not be accepted.