WESTERN MARYLAND HEALTH SYSTEM AUXILIARY SCHOLARSHIP APPLICATION 2018-2019 ACADEMIC YEAR SCHOLARSHIP GUIDELINES

Name of Scholarship: Western Maryland Health System Auxiliary Scholarship

Number of Awards: 5

Amount of Scholarship: \$2,000 for one academic year

Payment: Funds will be paid directly to school in two payments for tuition, only.

\$1,000 Fall Semester and \$1,000 Spring Semester (upon receipt of transcript

showing a minimum 3.0 *cumulative* GPA)

Application due date: Applications must be received or postmarked by

5:00 p.m. on Monday, March 26, 2018.

Application requirements: (8 pages, maximum)

1. Complete and sign application and submit by due date.

- 2. Write and attach a one page typed essay describing your educational and professional goals. Include any extra-curricular activities, honors or awards and community service experiences that will contribute to your career goals. Explain how this scholarship will affect and benefit your education. State your reasons for pursuing a healthcare career and the contribution you hope to make to patient care and the community you will serve.
- 3. Attach a copy of your most recent high school or college transcript.
- 4. Provide proof of acceptance to your school of choice.
- 5. Attach a letter of recommendation from a school/community person (unrelated to you) who can comment on your character and work habits.
- 6. Enclose a recent head shot photo of you that will be used for publication if selected. Write your name on the back.
- 7. Use only binder clips or paper clips for documents. (NO STAPLES)

Submit application to:

Western Maryland Health System Auxiliary P.O. Box 777
Cumberland, MD 21501
Or kgattens@wmhs.com

Winners will be notified by phone of his/her status by April 23, 2018.

All applicants will receive a letter regarding their status.

WESTERN MARYLAND HEALTH SYSTEM AUXILIARY SCHOLARSHIP APPLICATION 2018-2019 ACADEMIC YEAR

Applicant's Name:						
Haalthaana Duagua	Last	on will name	First		Middle	
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			U.S. Citizen/Perman			
•			r:			
City:		County:	Sta	ite:Zip	·	
Telephone: Home	-		Cell:			
Email Address:						
High School attend	ed:		Date of	Graduation:		
			Degree Re			
Supervisor's name: Telephone:						
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List expenses you p			- O			
Tuition			Room & Board	<u>`</u> .— -—		
Books	\$		Other	\$		
which is pertinent to scholarship selectio	o my schola n committee	rship application c.	nd Health System Auxi and to share this infor	mation with th	e members of i	
Signature of App	licant			Date		
Attachments: Ple	ase initial e	each				
•		e page-typed) _				
		Copy of High School/College transcript				
		-	hool of choice			
		r of Recommer	idation			
•	Photo					
For questions, pleas	e contact:	Mary Shrout WMHS Auxilian 301-722-1031	ry Scholarship Chairper	son		

msshrout@hotmail.com