SCHOLARSHIP APPLICATION

EUGENE L. SUCHA M.D. MEMORIAL SCHOLARSHIP

Funded by the St. Francis Memorial Hospital Medical Staff and the St. Francis Memorial Hospital Foundation in memory of Eugene Sucha, M.D.

St. Francis Memorial Hospital Foundation 430 N. Monitor St., West Point, NE 68788

sang Tildis selicebrathip is open in all fields of singly & carear choices. ****

Three-\$1,000 Scholarships will be awarded to an area graduating high school senior that has demonstrated high academic achievement, community service, leadership, religious participation, and high personal character.

NAME:				DATE OF BIRTH:	
ADDRESS:					
PARENTS NAME:					
NAME OF HIGH SCH	OOL:				
I PLAN TO ATTEND:				ACCEPTED;Yes	_ No
	(Name	of School)			
RANK IN CLASS:	/	After _	Semesters	G.P.A. (Out of 100%)	
	(Rank / Cl	ass Total)			
ACT Score			SAT S	core	
-		U	, and a	anizations While In College:	
High School Activit (Use a separate shee	· -	al Awards,	Community Se	ervice, Religious Participation:	
In 100 words or less (Use a separate shee	-	why you v	vould like to be	considered for this scholarship:	
				DATE:	
SIGNATURE		•			

Eligible Schools include: Bancroft-Rosalie High School; Howells-Dodge High School; Logan-View High School, Lyons-Decatur Northeast School; Oakland-Craig High School; Pender High School; Scribner-Snyder Community School; West Point-Beemer High School; Guardian Angels Central Catholic; Wisner-Pilger High School.

EUGENE L. SUCHA, M.D. MEMORIAL SCHOLARSHIP

CONFIDENTIAL REFERENCE FORM

NAME OF APPLICAN	(T:				·				
ADDRESS:									
SCHOOL:	SCHOOL:								
How Long Have You Known The Applicant?		In What Capacity?							
***Please check the following characteristics for the Applicant. (Compared to students of the same age)									
CHARACTERISTIC	SUPERIOR	WELL ABOVE AVERAGE	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE				
ntellect									
Applies Intellect									
Reliability									
Teamwork -									
Ionesty/integrity									
eadership ability									
Service to others									
Community									
Service									
Religious									
Participation									
What Do You Consider	The Applicants	Strong Points (In		haracteristics abo					
What Do You Consider	The Applicants	Significant Limit	ations (In relation	to the Character	ristics above)?				
PRINTED NAME SIGN		SIGNATURE		DA	DATE				

<u>Please return form to:</u> Melissa Haase – Administrative Assistant St. Francis Memorial Hospital Foundation 430 N. Monitor St., West Point, NE 68788

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Participation								
What Do You Consider What Do You Consider								
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