

Due by Friday, February 24, 2017

SCHOLARSHIP APPLICATION
ST. FRANCIS MEMORIAL HOSPITAL FOUNDATION

430 N. Monitor St.
West Point, NE 68788

\$500 Scholarships will be awarded to graduating seniors from each eligible area school planning to pursue a career in healthcare.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PARENTS NAME: _____

NAME OF HIGH SCHOOL: _____

I PLAN TO ATTEND: _____ ACCEPTED: ___ Yes ___ No
(Name of School)

RANK IN CLASS: _____ After ___ Semesters _____ G.P.A. (Out of 100%) A.C.T. _____
SAT Score _____

MAJOR AREA OF STUDY: _____

OCCUPATIONAL INTERESTS: (Upon Graduation from Post-Secondary School)

High School Activities, Special Awards and Community Activities: (Use back if necessary)

I Hope To Be Involved In the Following Activities and Organizations While In College:

In 100 words or less, indicate why you would like to be considered for this scholarship: (Use back if necessary): _____

SIGNATURE DATE: _____

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 High School; Wisner-Pilger High School.

Need 2 references per application

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ST. FRANCIS MEMORIAL HOSPITAL FOUNDATION SCHOLARSHIP

CONFIDENTIAL REFERENCE FORM

NAME OF APPLICANT: _____

ADDRESS: _____

SCHOOL: _____

How Long Have You Known The Applicant? _____ In What Capacity? _____

What Do You Consider The Applicants Strong Points? _____

What Do You Consider The Applicants Significant Limitations? _____

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
Intellect					
Applies Intellect					
Reliability					
Teamwork					
Honesty/integrity					
Leadership ability					
Service to others					
Community Service					
Religious Participation					

PRINTED NAME _____ SIGNATURE _____ DATE _____

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

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