Please type or print. IF application is illegible, it will be returned to you.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application: |  | Date Received by Auxiliary: |  |
| 1. | Last Name: |  | First Name: |  | Birth Date: |  |
| 2.  | Mailing Address: |
|  | Street: |
| City: | State: | Zip Code: |
| 3. | Daytime Telephone Number: |  | Cell: |  |
| 4. | Current Employer: |  | Position: |  |
| 5. | Current High School/College/University |  | Number of Years Attended |  |
| 6. | Grade Point Average (GPA):(on a 4.0 Scale | Attach proof of GPAMost recent official school transcript required. |
| 7.  | Junior Auxiliary Member: | Total # of volunteer hours at NEA BMH: |  |
| 8. | I will be attending the following school: |
|  | Address:  |
|  | City: | State: | Zip: |
|  | Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds. |
| 9. | I will be entering the above mentioned school as a (circle one):

|  |  |  |  |
| --- | --- | --- | --- |
| Freshman | Sophmore | Junior | Senior |

 |
| 10. | Name and Address of Financial Aid Officer: |
|  | Name: |
| Street: |
| City: | State: | Zip Code: |
| Phone: |  |
| 11. | What specialty/major do you plan to major in as you continue your education and**what is your anticipated completion date of studies**?: |
|  |  |

1. **The following items must be attached to this application in order for the application to be reviewed by the Scholarship Committee.**
2. **Your application will be returned to you if these items are not attached to the application. NO EXCEPTIONS**
3. **Three(3) letters of reference:** Reference name, position, relationship, address, and contact phone numbers (First time applicants/recipients only)
4. **Proof of college acceptance or current student enrollment**. A letter of college acceptance or program acceptance is required for receipt of funds. A copy of schedule for the semester for which you are applying is acceptable.
5. **Most recent OFFICIAL high school or official college transcript.** Photocopies of your transcript are **not acceptable.**

**STATEMENT OF ACCURACY**

I hereby affirm that all stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Auxiliary’s scholarship program.

I hereby understand that if chosen as a scholarship recipient, according to the NEA Baptist Memorial Hospital Auxiliary Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before funds can be awarded.

I hereby understand that I will **NOT RECEIVE A REFUND** of any portion of this scholarship should there be a remaining balance after tuition and student fees/charges have been paid.

Signature of scholarship applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_