

MARY E. HILL SCHOLARSHIP APPLICATION

The Mary E. Hill Scholarship is available to students who are Wayne County residents and interested in completing a degree in medical or medically-related fields/careers. If you are a current year high school graduate, **your high school will be notified prior to your graduation** should you be selected for a scholarship.

The Mary E. Hill Scholarship Committee asks that you complete the following form (with four copies) and mail it to: **Eileen Baker-Wall, Mary E. Hill Committee, 33 South 7th Street, Richmond, Indiana, 47374 at least 60 days prior** to your proposed enrollment in an accredited institution of learning.

Please PRINT in blue or black ink or type your application. Be sure to submit the original and four (4) copies.

Student's Full Name_____

Home Address_____ Phone Number_____

Parent(s)/Guardian(s) or Spouse_____

Parents'/Spouse Occupation(s)_____

Number of dependents in immediate family_____

Number of dependents attending accredited colleges_____

Name of High School_____ Year graduated_____

Class rank_____ GPA_____ (Please attach official transcript if attended within past five years.)

List of colleges attended (Please attach most recent official transcript from each one.)_____

List high school activities (if attended within past five years): Specify offices held, honors received, etc.

List community activities; Specify offices held, honors received, etc. _____

List all jobs held for the past three years with beginning and ending dates of employment and reason for leaving. _____

What is your career goal? What is(are) your reason(s) for choosing this career? _____

What school are you attending or planning to attend? _____

Ethnicity (check one): (1) Black, non-Hispanic (2) American Indian/Alaskan

(3) Asian/Pacific Islander (4) Hispanic (5) White, non-Hispanic

In proper essay form, discuss your financial need and how this scholarship will be used, specifically, to aid your financial situation. _____

(Please attach additional sheets as needed to complete your essay. A typed document is preferred.)

Applicant's Signature _____

Parent's Signature (if under 18) _____

Date _____

NOTE: Your signature (or your parent's signature if under 18) attests that you grant officers of the Mary E. Hill Scholarship Committee permission to contact schools and previous or current employers for verification of the information you have given here.