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.__________________________
____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

January 2020
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.

January 2020