BLAKE MEDICAL CENTER AUXILIARY, INC.

2020 59th Street West Bradenton, Florida 34209

SCHOLARSHIP APPLICATION

PLEASE NOTE: Students applying for our scholarship must be <u>currently</u> enrolled in or <u>accepted in a post secondary medical or medically related</u> <u>program at an accredited school, college, or university.</u>

NAME	FIRST	Middle	DATE
E-MAIL			
MAILING ADDRESS		CITY	ZIP CODE
_MARITAL STATUS:SIN	IGLEMARRIED	FL RESIDENT?	HOW LONG?
NUMBER OF DEPENDENT CHILDREN		AGES	
IF EMPLOYED, STATE WHERE		POSITION	
SCHOOL, COLLEGE, OR UI ACCEPTED	NIVERSITY IN WHICH YOU	J ARE CURRENTLY	ENROLLED OR HAVE BEEN
THE HEALTHCARE PROGR ACCEPTED	AM IN WHICH YOU ARE (CURRENTLY ENROL	LED OR HAVE BEEN
WHAT EXPERIENCE HAVE	YOU HAD IN HEALTHCAI	RE RELATED PROFI	ESSIONS?
AFTER COMPLETION OF Y	OUR DEGREE, WHAT AR	E YOUR FUTURE PL	.ANS?
MAY WE ANNOUNCE ANY	SCHOLARSHIP YOU MAY	BE AWARDED TO	THE MEDIA?

PLEASE NOTE: BEFORE THIS APPLICATION CAN BE CONSIDERED, THE SCHOLARSHIP COMMITTEE MUST HAVE A COMPLETED APPLICATION INCLUDING THE FOLLOWING:

- 1. A LETTER OF ACCEPTANCE FROM THE SCHOOL, COLLEGE, OR UNIVERSITY AT WHICH YOU ARE CURRENTLY ENROLLED OR HAVE BEEN ACCEPTED
- 2. A CERTIFIED, CUMULATIVE TRANSCRIPT WITH A GPA OF 3.0 OR HIGHER
- 3. A ONE-PAGE STATEMENT SUPPORTING YOUR NEED FOR FINANCIAL HELP
- 4. THREE (3) LETTERS OF REFERENCE (Professional, Academic, and Personal) No Relatives
- 5. PHOTO

FINANCIAL INFORMATION

DO YOU RECEIVE FINANCIAL ASSISTANCE FROM PARENTS? WHAT AMOUNT?
WHAT IS THEIR YEARLY COMBINED GROSS INCOME?
ARE THERE OTHER DEPENDANTS? HOW MANY? WHAT AGES?
IF MARRIED, LIST SPOUSE'S OCCUPATION
SPOUSE'S EMPLOYER
WHAT IS YOUR YEARLY GROSS INCOME? YOUR SPOUSE'S?
FINANCIAL ASSISTANCE FROM SPOUSE?
IF A SINGLE PARENT, DO YOU RECEIVE CHILD SUPPORT? ALIMONY?
WHAT AMOUNT DO YOU HAVE IN SAVINGS?
WILL YOU BE WORKING PART TIME WHEN ATTENDING SCHOOL?IF SO, STATE WHERE AND
HOW MUCH YOU EXPECT TO EARN
ARE YOU RECEIVING ANY OTHER AID?AMOUNT?FROM WHOM?
HAVE YOU APPLIED FOR AID FROM OTHER SOURCES?FROM WHOM?
ARE YOU ELIGIBLE FOR A PELL GRANT OR ANY OTHER SCHOLARSHIPS? Circle Yes or No If yes, please list.
ESTIMATION OF TWO SEMESTERS TUITION EXPENSE PLEASE LIST LIVING EXPENSES IN DETAIL:
HOME: RENT OR OWN?RENT OR MORTGAGE PAYMENT
UTILITIES OTHER
CAR EXPENSESINSURANCE
CHILD CARE OTHER EXPENSES
I PLEDGE THAT THE ABOVE STATEMENTS ARE ABSOLUTELY TRUE.
SIGNATURE:
DATE:
CCOOMMPPLLEETTEEDD AAPPPPLLIICCAATTIOONNSS
AAPRE DOUGE EEEERPRUUAAPRVV 1434 22001454