



community foundation
of St. Clair County

Scholarship Application

River District Hospital Auxiliary McFern-Smeltzer Scholarship

**Applicants must be enrolled in at least their second year of a health care related course of study
And reside in St. Clair County**

Applicant Information

Name _____

Address _____

Email _____

City, State, Zip _____

Home Phone _____

I am a legal resident of _____ County.

Cell Phone _____

Date of Birth _____

Name of father/guardian _____

Occupation _____

Name of mother/guardian _____

Occupation _____

of siblings living at home _____

of siblings attending college _____

Paid Work Experiences (last four years):

Employer

Dates

Hours Worked/Week

List Membership and Volunteer Participation in school and community organizations.

Educational Data

Name of College _____

College Credit hours completed _____

College GPA _____

Curriculum Major _____

Curriculum Minor _____

What college grade level will you enroll at?

Sophomore

Junior

Senior

When do you expect to graduate from college? _____

Academic Achievements: _____

Educational Expenses- all financial information must be completed

Total Family Income as will be reported on the 2012 Federal Income Tax Form:

(Check correct amount)

Up to \$19,999
 \$20,000 - \$39,999
 \$40,000 - \$59,999
 \$60,000 - \$79,999
 \$80,000 - \$99,999
 \$100,000-\$200,000
 \$200,000+

Estimate your total expenses for the academic year \$ _____

Breakdown of total expenses: Tuition \$ _____

Books \$ _____

How much will you be able to provide? \$ _____

How will you acquire this amount? (savings, employment, other scholarships, etc.) _____

Other Scholarship Funds Applied For: (if additional room is needed, please attach)

Scholarship Applied For

Status of Request

Have you sent in your application for FAFSA? Yes No

Are you eligible for Pell Grant? Yes \$ _____ No

Are you eligible for the State of Michigan Tuition Incentive Program (TIP)? Yes \$ _____ No

(Eligibility Requirements available at www.stclairfoundation.org)

Are you receiving Social Security Benefits, or Dependents Educational Assistance program Funds? Yes No

If yes, please explain _____

I have completed or am in the process of completing the Free Application for Federal Student Aid (FAFSA) for the 2013/2014 academic year. Based on my FAFSA, I demonstrate financial need at the college I plan to attend. I agree to submit a copy of my application or Student Aid Report (SAR) if requested to verify my status.

I certify that my application and accompanying materials are true and correct to the best of my ability.

I understand that my signature verifies that I (not a parent, friend, counselor, etc.) have completed this application and the accompanying materials.

Name

Date

Additional Requirements

The following must be returned along with this application to the Community Foundation by **March 22, 2013**.

- A narrative (no more than two pages) about yourself, your academic achievements, educational goals, why you selected the medical field and any special circumstances you would like the selection committee to know about.
- Two (2) letters of recommendation
- Copy of College Transcripts
- Please mail **2 sets**, (each set must include: application, narrative, letters of recommendation, transcripts) and please staple each set together to:

Community Foundation
516 McMorran Blvd.
Port Huron, MI 48060

**Application must be on top, with name and scholarship applying for on front page of each set. **

**Applications received after March 22, 2013 will not be considered. **