



community foundation  
of St. Clair County

# Scholarship Application 2012/2013

## 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):

<u>Employer</u>	<u>Dates</u>	<u>Hours Worked/Week</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Total Family Income as will be reported on the 2011 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)? (Eligibility Requirements available at <a href="http://www.stclairfoundation.org">www.stclairfoundation.org</a> )	Yes	No
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 2012/2013 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 16, 2012**.

- 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 16, 2012 will not be considered. \*\*