2022-2023

CONNEAUT HOSPITAL THRIFT SHOP
SCHOLARSHIP GUIDELINES

A. Eligibility

1. Applicant must be (1) at least 17 years of age, (b) enrolled as a high school senior or a high school graduate, and a resident of Ashtabula County, OH.

2. Applicant must supply all information requested by the scholarship committee, including but not limited to official high school transcripts or proof of grades (GPA as of 1/1/22, proof of any higher education enrollment and degree or certification and evidence of employment, income and other financial resources, whichever apply.

3. Applicant must submit a completed application and official transcripts and all supporting documentation to the address identified by the stated deadline in a **large manila envelope** (**must be postmarked by March 1st**)

4. Applicant must be pursing a career in one of the following health-related fields of education: dental, nursing, pre-med or medicine, pharmacy, physical therapy or lab/x-ray technician etc. Does not include veterinary sciences.

5. Applicant must be applying to, accepted at, or enrolled in an accredited educational institution and program of study.

6. Any check issued will be sent to the school.

7. Applicants/Recipients may receive this scholarship for a total of two years and may reapply with a new completed application for the second year.

B. APPLICATION PROCEDURES

An application may be disqualified for any one of the following reasons: (1) ineligibility of the applicant: (2) incomplete application; (3) lateness; and (4) falsification of any information (regardless of who may have falsified the information).

C. APPLICATION PROCEDURES

1. Applicant types or prints clearly and legibly using black ink.

2. Applicant writes name and/or last four digits of Social Security number on each page.

3. Applicant completes Parts I, II, III, IV, V and VI and signs and dates the Applicant's Statement on page 4.

4. A Parent of applicant MUST complete and sign Part IV if applicant is dependent.

D. SELECTION PROCESS

1. Applications are reviewed by the scholarship committee.
2. Emphasis is placed on the following considerations, need, leadership, expression on interest in the health field and references.
3. All decisions of the scholarship committee regarding applications are within the exclusive discretion and judgment of its members are final and binding.
4. Applicants will be notified of the status of their applications.,

MAIL APPLICATIONS TO: CONNEAUT HOSPITAL THRIFT SHOP
SCHOLARSHIP COMMITTEE
P.O. BOX 194
CONNEAUT, OH 44030

For questions contact Lori Maurer call or text 440-265-1771.

Conneaut Hospital Thrift Shop

Student Scholarship Application
(Print clearly using black ink or type)

Part 1: STUDENT INFORMATION:

Student Name:______________________________ SS# (last 4 #'s)________
Last First Middle Initial

Date of Birth: ____/____/____ Age:_____ Male______ Female:______

Marital Statue: Single______ Married______ Separated_______ Divorced_____

If married, Spouses' Name:____________________________

Name and Age of any Children:________________________________

Home Address:____
House/Box#/Street/Route# City State Zip

Home Telephone____________________ Cell number________________

School Telephone:______________________

Field of Education:____

School(s) Applied to/Accepted at if Known:__________________________________

____

Currently Employed: No____ Yes____ Hours per week_______ Rate of Pay_____

Name of Employer:_______________________ Work Telephone_____________

Supervisor_______________

Address of Employer:____

Job Position____________________________

Job Responsibility____

Other Sources and Amounts of Income/Financial Aid Please advise whether applied for or received:

____

Student Name: ______________________________ SS#(Last 4#'s)__________

School Enrollment: Name of High School______________________

Dates of Enrollment/Graduation__________________

Name of College________________________

Dates of Enrollment/Graduation______________________

Diploma/Degree_____________________________

PART II: Current/Extra Activities/Projects/Awards/Recognitions:

A. High School and College Activities/Projects: Leadership Position:

______________________________ ____________________

______________________________ ____________________

______________________________ ____________________

B. Community Activities/Projects: Leadership Position:

___________________________ ____________________

___________________________ ____________________

___________________________ ____________________

C. Academic Awards/Recognition's:

____

____

____

Indicate which activity/project/award/recognition (listed above) you feel has been most valuable and meaningful to you in various aspects of your life and why:

In the last year have you or any member of your immediate family volunteered in your community?
If Yes- where and what member______________________________________

STUDENT NAME:____________________ **SS# (last 4#)**____________

PART III: ESSAY:

Instructions: in no more than <u>300 words</u> (approximately 1-1/2 pages, double-spaced): introduce yourself to the Scholarship Committee. Show how your personality, academic background, and extra activities have prepared you for the role as a health care person.

Your essay should be well organized, thoughtful, concise, and grammatically correct.

PART IV: FAMILY INFORMATION (Required if student is a dependent; if not, go to Part V)

A. Identification/Occupation

B. Father's Name ____________________ Occupation____________

Father's Income:________________ Employer____________

Mother's Name:____________________ Occupation____________

Mother's Income:________________ Employer____________

Name and Ages of Siblings Living at Home and/or in College: ________________

____

C. A Parent's Statement/Signature (Required if student is a dependent)

I acknowledge that it is my son/daughter's responsibility to make sure the application is completed and returned/postmarked no later than the March 1st deadline,

Father's Signature ____________________ Date____________

Mother's Signature____________________ Date____________

PART V REFERENCES (Non-Related) (2)

Name:____________________ **Phone #**____________

Name:____________________ **Phone#**____________

(Enclose letters from each reference)

Students Name______________________________ SS#(Last4 #'s)______________

Part VI. APPLICANT'S STATEMENT/SIGNATURE

I certify that all of the information contained within this application is correct To the best of my knowledge. I understand that information about me may be shared with the public, if I am the recipient of the scholarship, and I consent to the release of Information.

I acknowledge that it is my responsibility so ensure that this application is completed And returned/postmarked no later than the March 1st deadline. I understand that any award will be Contingent upon my acceptance to and enrollment at an accredited educational institution and program of study. I authorize the scholarship committee to request and and obtain information regarding my enrollment status for purposes of making Distribution of any scholarship award.

Applicant's Signature_________________________________ Date:_______________

It is the policy of Conneaut Hospital Thrift Shop to consider all applications who are eligible for a Scholarship award without regard to race, color, religion, national origin, gender identity, sexual orientation, age, disability, veteran status, marital status or parental status.