

**GENESIS MEDICAL CENTER, ALEDO AUXILIARY  
SCHOLARSHIP APPLICATION  
PLEASE WRITE CLEARLY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PHONE \_\_\_\_\_

WHAT MEDICAL FIELD DO YOU PLAN TO ENTER? \_\_\_\_\_  
\_\_\_\_\_

WHAT IS YOUR PROFESSIONAL GOAL? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GIVE A SHORT PROFILE OF YOURSELF AND WHY YOU CHOSE THIS CAREER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU BEEN INVOLVED AS A VOLUNTEER, EMPLOYEE, OR STUDENT OF THIS PROFESSION? \_\_\_\_\_  
\_\_\_\_\_

WHAT HIGH SCHOOL AND COLLEGES HAVE YOU ATTENDED AND/OR GRADUATED FROM? \_\_\_\_\_  
\_\_\_\_\_

WHAT SCHOOL DO YOU PLAN TO ATTEND? \_\_\_\_\_

LIST APPROXIMATE EXPENSES PER ACADEMIC YEAR:  
\$ \_\_\_\_\_ TUITION \$ \_\_\_\_\_ ROOM & BOARD \$ \_\_\_\_\_ BOOKS

LIST APPROXIMATE RESOURCES PER ACADEMIC YEAR:  
\$ \_\_\_\_\_ SAVINGS \$ \_\_\_\_\_ LOANS \$ \_\_\_\_\_ OTHER

EMPLOYMENT WHILE ATTENDING SCHOOL: \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PLEASE RETURN THIS APPLICATION BY <sup>April 15</sup> ~~MAY 1<sup>ST</sup>~~. MAIL TO:  
GENESIS MEDICAL CENTER, ALEDO AUXILIARY  
409 NW 9<sup>TH</sup> AVE., ALEDO, IL. 61231

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