

**CASA GRANDE REGIONAL MEDICAL CENTER (CGRMC) AUXILIARY
\$1,000 SCHOLARSHIP APPLICATION (2008-2009)**

You are eligible to apply if you can answer "yes" to the following three questions:

1. Do you plan to enroll in an accredited vocational school, college, or university for a career in the human health care field?
2. Are you a legal resident of the geographic areas served by CGRMC?
3. Can you submit proof of registration and acceptance to your chosen school (for Fall semester by **August 1, 2008** and Spring semester by **January 8, 2009**)? (The money may be used for tuition, books, fees, and/or room and board at the school of choice. The vocational schools, colleges, or universities attended must be accredited or recognized as an approved program by the appropriate agencies.)

THE APPLICANT MUST SUBMIT THEIR COMPLETED APPLICATION PACKET BY THE DEADLINE OF MARCH 14, 2008.

PLEASE USE THIS CHECKLIST TO ENSURE THAT YOUR APPLICATION IS COMPLETE.

- Personal Data Form filled out completely (2 pages; attached).
- Educational Data Form filled out completely (attached).
- Signed Privacy Act Consent Form (release form is attached). Completely fill in this form.
- An official transcript or copy of GED provided by last school attended. GPA on Educational Data Form *only* is not sufficient.
- A letter by the applicant giving reasons for wanting to receive this scholarship. Applicant should state why they want to attend school of choice and why applicant wishes to pursue an education in this field. Any enlightening comments are welcome. This statement is very important in the consideration of the scholarship recipient chosen by the committee.
- Three (3) letters of recommendation; one of these letters from someone outside the academic field.
- Financial sheet (this should be a copy of pages 1 and 2 of the Federal Tax Return Form of parent or legal guardian [and/or self, if applicable] for fiscal year). This information will be kept in strict confidence. This includes child support aid.

FACTS PERTAINING TO THE SCHOLARSHIP:

1. All of the above requirements must be met and included in your application to be considered by the committee. **Please check that everything is completely filled in and included before mailing – if any requirement is not met, you will be disqualified.** Any decisions by the Scholarship Committee and/or Auxiliary Board are final.
2. Scholarships are given for an academic year (2 semesters) based on a student's scholastic achievement, financial need, motivation, and character. Recipients must take a full load of classes each semester. A full load is determined by the vocational school, college, or university the recipient is attending. If a recipient does not take a full load of classes while the award is in effect, funds for that semester must be returned to the Auxiliary Scholarship Fund prior to the end of that semester.
3. If a recipient drops out of school while the award is in effect, funds must be returned to the Auxiliary Scholarship Fund commensurate with the school year remaining.

Return Application Packet no later than **March 14, 2008** to: Scholarship Committee
Casa Grande Regional Medical Center Auxiliary
c/o CGRMC Gift Shop
1800 E. Florence Boulevard
Casa Grande, AZ 85222

**CASA GRANDE REGIONAL MEDICAL CENTER (CGRMC) AUXILIARY
SCHOLARSHIP APPLICATION
PERSONAL DATA FORM**

NAME: _____ DATE OF APPLICATION: _____

PERMANENT HOME ADDRESS (NO POST OFFICE BOX NUMBER, PLEASE):

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER WITH AREA CODE: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

List jobs held from present and past (attach separate sheet, if necessary):

Name of Employer: _____ Telephone: _____

Address: _____

Duties: _____

Dates of Employment: From: _____ To: _____

Name of Employer: _____ Telephone: _____

Address: _____

Duties: _____

Dates of Employment: From: _____ To: _____

Name of Employer: _____ Telephone: _____

Address: _____

Duties: _____

Dates of Employment: From: _____ To: _____

Name of Employer: _____ Telephone: _____

Address: _____

Duties: _____

Dates of Employment: From: _____ To: _____

Name of Employer: _____ Telephone: _____

Address: _____

Duties: _____

Dates of Employment: From: _____ To: _____

Name of Employer: _____ Telephone: _____

Address: _____

Duties: _____

Dates of Employment: From: _____ To: _____

**CASA GRANDE REGIONAL MEDICAL CENTER (CGRMC) AUXILIARY
SCHOLARSHIP APPLICATION
EDUCATIONAL DATA FORM**

Name and Location of High School and/or Colleges attended:

(Name)	(Location)

Date of Graduation/GED (month and year): _____

Cumulative High School GRADE POINT AVERAGE (verified by High School Official): _____ (A=4.0)

Verified by: _____
(Signature)

(Title of School Official)

College, Vocational School, or University you plan to attend:

() 2-year school () 4-year school () Other _____

College Major or Career Selection: _____

Financial Information:

Tuition: _____

Books: _____

Room & Board _____

Estimated Total Cost Per Semester: _____

On a separate sheet(s) list Extra-Curricular Activities, Volunteer Organizations, or Community Services you have participated in, as well as Awards or Honors you have received, during your High School and Post-High School years. PLEASE INCLUDE ANY SCHOLARSHIPS AND AMOUNTS IN YOUR LIST OF AWARDS.

(This information will be considered in judging character and motivation so please realize it is IMPORTANT to complete this, as well as all other requirements.)

**CASA GRANDE REGIONAL MEDICAL CENTER (CGRMC) AUXILIARY
SCHOLARSHIP APPLICATION
PRIVACY ACT CONSENT FORM**

TO WHOM IT MAY CONCERN:

In accordance with the provisions of Public Law 93-579 (The Privacy Act of 1974). I hereby give my consent for information concerning my file to be furnished to members of the Casa Grande Regional Medical Center Auxiliary Scholarship Committee.

I/my dependents applied to Casa Grande Regional Medical Center Auxiliary for scholarship assistance and request that any relevant information that may be required in order to assist in responding to my inquiry be provided to them in accordance with the provisions of the law.

NAME (IN FULL): _____
(please print)

COMPLETE ADDRESS (residence address and mailing address if different):

TELEPHONE: DAY _____ EVENING _____

STUDENT'S SIGNATURE: _____

STUDENT'S SOCIAL SECURITY NUMBER: _____

PARENT'S OR LEGAL GUARDIAN'S SIGNATURE: _____

PARENT'S OR LEGAL GUARDIAN'S SOCIAL SECURITY NUMBER: _____