

St. Bernards Auxiliary
TUITION SCHOLARSHIP APPLICATION

PLEASE PRINT CLEARLY

PERSONAL

First Name: Last Name Date:
College Address: City St Zip
Home Address: City St Zip
Phone No:()- SS# Date of Birth Age:
Email Address: Married: Number of Dependents/Ages:
Name of Spouse: Occupation
Parents or Guardians: Occupation
Parents or Guardians Address: City: St Zip
Did you participate in the St. Bernards Junior Volunteer program? What year?
Have you received a St. Bernards Auxiliary scholarship previously? What year?

EDUCATION

Semester Hours Completed: Grade Point Average
Hours Remaining until completion of Degree: Degree Sought:
Have you at any time received a grade of a D or lower: or withdrawn from a health care course for any reason? If so please explain in detail:

List work experience over the last 12 months and the average number of hours worked per week:

A complete official transcript including current spring term, must accompany application.

PROJECTED BUDGET FOR NEXT YEAR

Expenses

Tuition & Fees
Books & Supplies
Room & Board
Transportation
Other Expenses

Income

Employment
From Parents
From Spouse
Other (Tuition Assist, Pell Grants, etc)
Personal Savings
Loans

Total Expenses:

Total Income:

ATTACH A STATEMENT REGARDING YOUR FUTURE PLANS IN THE HEALTH FIELD & YOUR REASONS FOR NEEDING FINANCIAL ASSISTANCE.

