

# 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Have you at any time received a grade of a D or lower: \_\_\_\_\_ or withdrawn from a health care course for any reason \_\_\_\_\_?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.**

