

**Sierra Nevada Memorial Hospital Auxiliary
High School Student Scholarship Application**

Name: _____ Date: _____

Address: _____

E-Mail Address: _____ Phone Number: _____

Name of High School: _____ GPA: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Address: _____

Are you totally dependent on your parents? _____

If no, explain: _____

Is financial aid necessary to continue your education? _____

Have you applied for other scholarships? _____

What college or university do you plan to attend? _____

Have you been accepted? _____ Major field of study: _____

In a separate attachment, please give other information about yourself that will be useful to the Scholarship Committee. In essay form, include information about your career goals, other volunteer and extracurricular activities. Please include two letters of recommendation and your school transcripts.

References (do not use relatives):

Name: _____ Phone: _____

Name: _____ Phone: _____