

**FOSTORIA COMMUNITY HOSPITAL AUXILIARY
SCHOLARSHIP APPLICATION**

Name: _____

Address: _____

Telephone: _____

Parents/ Guardians Names: _____

School: _____

List Colleges/ Universities where you have applied:

Accepted:

Yes _____ No _____

Yes _____ No _____

Yes _____ No _____

Planned Major: _____

Number of Years for Degree: _____

Expected Costs for Schooling per Year: _____

List Scholarships or Grants you have received thus far: _____

List Brothers/ Sisters and their ages: _____

Reason for Financial Assistance from FCH Auxiliary: _____

Please include the following with this completed application:

- Transcript of your grades from High School
- Transcript of your grades from College, if applicable
- Explain reasons for your chosen major/ career (at least 250 words)

Please complete the attached forms. Keep the following points in mind when providing the information:

- The forms are divided into school and community/ non-school activities.
- Designate which year you were involved in each activity.
- List memberships or participation in clubs, plays, or teams.
- List if you held a lead role or officer position in these activities.
- List any awards or contests you have won.
- List any responsible positions held.
- Specify the number of hours per week/ month you volunteer.
- Specify the number of hours per week you work.

Please forward the completed application to:

Cindy Reinhard
470 Linwood Avenue
Fostoria, Ohio 44830

**Applications Must Be Returned By Saturday,
February 25, 2012.**

SCHOOL

SCHOOL

School Activity	Fresh.	Soph.	Jr.	Sr.	Description of Involvement

School Activity	Fresh.	Soph.	Jr.	Sr.	Description of Involvement

School Activity	Fresh.	Soph.	Jr.	Sr.	Description of Involvement

School Activity	Fresh.	Soph.	Jr.	Sr.	Description of Involvement

School Activity	Fresh.	Soph.	Jr.	Sr.	Description of Involvement

NON-SCHOOL

NON-SCHOOL

Non School Activities	Fresh.	Soph.	Jr.	Sr.	Description of Involvement

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