



EDUCATIONAL SCHOLARSHIP APPLICATION

Employees of Allegan General Hospital

Scholarships are comprised of funds maintained by the Allegan General Hospital Foundation. They include donations made for this purpose by Schuyler V. Mellen and friends and relatives of Marie Hall.

Full Name: _____
Please print

Address: _____
Street/P.O. Box/Apt. #

City, State, Zip Code

Phone #: _____ / _____ **Department:** _____
(Day) (Evening)

Immediate Supervisor: _____

How long have you been an employee of Allegan General Hospital? _____ **years**

Chosen Area of study: _____

Leading to a degree? _____ **If so, state degree:** _____

When do you expect to graduate? _____

Educational Institution(s): _____

Have you been accepted by the school? _____ Yes _____ No

Date classes will begin (or have begun): _____ / _____ / _____

Date tuition is required: _____ / _____ / _____

Have you applied for a Tuition Refund (or will you)? _____ Yes _____ No

(If so, please use the comments section on page 2 to describe the effects of the tuition refund program on your total tuition.)

Have you applied for a scholarship from any other source? _____ If yes, state source in "Comments" below.

Have you received an AGH Foundation Scholarship in the past? _____ Yes _____ No

Comments: _____

Scholarships are awarded based on merit, need and availability of funds.

Please indicate the amount you are applying for and state the reasons why. If you will be eligible for reimbursement through the AGH Tuition Reimbursement program, **please indicate the balance not covered by Tuition Reimbursement.**

Comments:

I attest that the above information is correct to the best of my knowledge. In the event that I am awarded an Educational Scholarship, I give the AGH Foundation permission to submit a press release with my photograph and information I have furnished.

Signature of Applicant: _____ **Date signed:** / / _____

Please attach any receipts for tuition already paid, along with a transcript showing the classes you will be taking, and submit the application to:

Allegan General Hospital Foundation
555 Linn Street
Allegan, MI 49010 **tel. 269-686-4234**

Applications are accepted at anytime. Awards are normally made in May and November each year and are selected from applications received by mid-April and mid-October.