

EDUCATIONAL SCHOLARSHIP APPLICATION

Student at _____ High School

Scholarship awards are made available from 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: _____ **Soc. Sec. #:** _____
Please print

Address: _____

Street/P.O. Box/Apt. #

City, State, Zip Code

Phone #: _____ / _____ **parent/guardian:** _____
(Day) (Evening)

Chosen Area of study: _____

Why have you chosen to pursue this area of study? _____

Educational Institution(s): _____

What are your plans following high school? _____

Do you plan to return to the Allegan area? _____

Work History, If Any...

Place of Employment: _____

Dates of Employment: _____

Job Responsibilities: _____

Special Honors or Rewards Received: _____

Clubs/Organizations/Offices Held: _____

Student Body/Class Activities/Offices Held: _____

Student Activities (music, drama, publication, sports, etc.): _____

Other Volunteer Service to Community: _____

Signature of Applicant: _____ Date signed: / / _____

Please attach the following to this application:

- Two letters of reference from high school teachers or officials
- official high school transcript (current)

Please turn in this completed application to your High School Administration Office in time for them to submit them to the Allegan General Hospital Foundation by April 20th