



Please complete this application and include the following:

- Most recent semester/ quarter grades
- No less than one letter of reference from a teach/professor or individual currently working in your field of study.
- One-page essay describing your area of study and what factors led you to select this program/focus.

Return the application to:

Madison Health Auxiliary Scholarship Program, 210 North Main St., London, OH 43140

The Deadline for receiving scholarship applications is June 1st.

Personal

Name _____ Age _____ Sex _____ Date of Birth _____

Address _____ Telephone _____

Education/Work Experience

High School attended _____

Year of Graduation _____ Scholastic rating: High _____ Average _____ Low _____

Education/training beyond high school _____

Present Occupation _____ Full or Part-time _____

Previous Occupations _____

What professional field do you plan to enter? _____

To which school have you been accepted? _____

What is the expected length of your training? _____

Is your training currently in progress? _____ How far have you progressed? _____

The information I have provided on this application is true, complete, and correct, to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willful false statement, or an omission of a material fact on this application will immediately remove me from consideration.

Signature _____

Date _____