

**West Central Maine Health Careers Scholarship Program
of the Franklin Memorial Hospital Auxiliary
Application Form**

NAME		
DATE OF BIRTH		Age
MAILING ADDRESS		
TELEPHONE NUMBER		
SCHOOL NOW ATTENDING		
IF NOT A STUDENT, PRESENT OCCUPATION?		
PRESENT OR MOST RECENT EMPLOYER		
YOUR TOTAL ESTIMATED ANNUAL INCOME		
SPOUSES NAME		
SPOUSES OCCUPATION		
SPOUSE'S TOTAL ESTIMATED ANNUAL INCOME		
COLLEGE, SCHOOL, OR HOSPITAL TO WHICH YOU SEEK ADMISSION		
HAVE YOU BEEN ACCEPTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ALREADY ENROLLED, WHAT YEAR ARE YOU IN?		
WHICH HEALTH CAREER DO YOU HOPE TO PURSUE		

IF YOU ARE A MINOR (under age 18) COMPLETE THE FOLLOWING SECTION:

NAME OF FATHER, STEPFATHER, OR MALE GUARDIAN	
AGE	
OCCUPATION	
PRESENT OR MOST RECENT EMPLOYER	
TOTAL ESTIMATED ANNUAL INCOME	
NAME OF MOTHER, STEPMOTHER, OR FEMALE GUARDIAN	
AGE	
OCCUPATION	
PRESENT OR MOST RECENT EMPLOYER	
TOTAL ESTIMATED ANNUAL INCOME	

	NAME(S)	AGE(S)
OTHER CHILDREN IN THE FAMILY		
OTHER CHILDREN IN FAMILY IN POST SECONDARY SCHOOLS		
OTHERS DEPENDENT UPON FAMILY FOR FINANCIAL SUPPORT		
RELATIONSHIP TO FAMILY		

PLEASE EXPLAIN ANY UNUSUAL EXPENSES IN THE RECENT PAST OR ANTICIPATED FUTURE WHICH AFFECT THE FAMILY SITUATION:

ESTIMATE RESOURCES AVAILABLE TO MEET YOUR EXPENSES FOR THE ACADEMIC YEAR.

PERSONAL SAVINGS	\$
AID FROM PARENTS/RELATIVES	\$
ESTIMATED COMBINED HOUSEHOLD INCOME (YOURS & SPOUSES / PARENTS)	\$
SOCIAL SECURITY BENEFITS	\$
STATE ASSISTANCE	\$
VOCATIONAL REHABILITATION	\$
OTHER FINANCIAL RESOURCES OR SCHOLARSHIPS RECEIVED OR APPLIED FOR	\$
TOTAL RESOURCES	\$

EXPECTED TUITION, ONE YEAR	\$
ROOM & BOARD, ONE YEAR	\$
OTHER EXPENSES, ONE YEAR	\$
TOTAL EXPENSES	\$

AS A SCHOLARSHIP APPLICANT, I UNDERSTAND AND AGREE THAT: (1) I SHALL REPORT TO THE SCHOLARSHIP COMMITTEE ANY CHANGES IN MY ACADEMIC OR FINANCIAL STATUS; (2) I AUTHORIZE THE MEMBERS OF THE SCHOLARSHIP COMMITTEE TO VERIFY ANY NECESSARY INFORMATION; (3) I AFFIRM THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATE	
APPLICANT'S SIGNATURE	

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT:

DATE	
PARENT OR GUARDIAN'S SIGNATURE	

