ACRMC Auxiliary Scholarship Application

Criteria: Applicant must be a resident of Adams County or an employee of ACRMC, and enrolled in a regionally accredited institution of higher education pursuing a career in a health care profession. The $1,000 scholarship award will be made payable to the scholarship awardee upon proof of completion of first semester or quarter, which begins after May 30, 2024. Applications must be returned to the ACRMC Auxiliary, P.O. Box 233, Seaman, Ohio 45679 prior to April 1, 2024 deadline. **Scholarship awardees will be announced prior to June 30, 2024.**

Applicant Personal Information:

Last Name: _____ First Name: _____ M.I.: _____

Phone: _____ Email: _____

Street Address: _____County: _____

City: _____ State: _____ Zip Code: _____

Academic: Provide a copy of your latest transcript, including your current GPA and any ACT or SAT scores.

I have been accepted at _____College/University
(Provide a copy of acceptance letter.)

Are you accepted into a Healthcare Program: __No __Yes Program Title_____
(Provide a copy of your letter of healthcare program acceptance.)

College Status: __Freshman __Sophomore __ Junior __Senior __Master __Other:_____

Employment History: Provide a list of current and previous employers. Include name of employer, address, and contact name and phone number along with employment dates. If your employment includes healthcare related employment, include a copy of any healthcare certifications and/or licenses.

Healthcare Experience: Provide a letter describing any healthcare job shadowing, clinical hours, practicum hours you have completed. The letter must be signed by appropriate supervisor, include a description of your responsibilities and the number of hours completed.

School/Community Service Activities: Provide a list of school and/or community activities you have completed in the last 12 months, including number of hours volunteered along with the name and contact number of the person who can verify your involvement.

Personal Statement: Provide a one page statement about your background and how it is pertinent to your application for a healthcare related scholarship along with a statement about your career goals in healthcare.

Supporting Documentation: Provide at least two letters of recommendation from: a current supervisor, guidance counselor, professor, community leader, or employer, who is not related to you.

Certification: I authorize the release of all information to the ACRMC Auxiliary Scholarship Committee. If I am awarded a scholarship, I agree to abide by all conditions of the scholarship and I give permission to the ACRMC Auxiliary to use my information in publicity materials.

Signature: _____ Date: _____

ACRMC Auxiliary does not discriminate against applicants on the basis of race, color, religion, age, sex, marital status, veteran status, national origin, ancestry, citizenship, gender identity, sexual orientation, or disability. Rev: 1/2023, 4/23