

AHAA NORTH CENTRAL DISTRICT
SCHOLARSHIP APPLICATION CRITERIA

The North Central District of the Arkansas Hospital Auxiliary Association is pleased to offer a one-time scholarship of \$500.00 to **someone who is pursuing or will be pursuing a degree in nursing or in another medical-related field. This scholarship is not intended for someone whose primary objective is to become a Doctor of Medicine.**

Applicants must demonstrate permanent residency in the state of Arkansas. Additionally, a recipient may select the accredited college, university, or technical school he or she will attend. Financial need will be considered when evaluating all applications.

Attach to the completed copy of this application the following required materials:

- 1) A copy of your most current high school or college transcript.
- 2) Two letters of recommendation including one from an academic professional.
- 3) A copy of the letter of acceptance from the college of choice when applicable.
- 4) A letter outlining your career goals if awarded this scholarship and including your current life situation.

If chosen as the recipient of this scholarship, the applicant may expect that the scholarship check will be sent directly to the college, university or technical school which has been selected.

The completed application and attachments must be clearly marked to show the applicant's name, address, and telephone numbers at home or at work (if presently working) and should be placed in a sealed envelope. In addition, indicate the most convenient time to contact you.

Applicant must complete every section of the "Scholarship Application" to be considered for the scholarship. Please make sure your application is signed and dated.

Submit the application to the following address: Office of Volunteer Services

Hospital

Address

City, State, and Zip Code

Family Information

Parents' or Family Members' Names (Spouse or Siblings, etc.)

Number of Children in Family and Their Ages

Number of Children in College and Their Ages

Household Range of Annual Income

Under \$30,000 _____ \$30,001 through \$49,999 _____ \$50,000 through \$69,999 _____
\$70,000 through \$89,999 _____ Over \$90,000 _____

Academic Achievement *

High School GPA _____

ACT or SAT Score _____

Clinical Internship Program _____ Date _____

Sponsored Programs Attended *

SNAP _____ Date _____

MASH _____ Date _____

Other Medical Programs _____ Date _____

Future Plans

Name your specific area of study in the Health Profession.

Name and address of the school you will be attending or are attending now

Signature _____ Date _____

*** If not applicable, simply acknowledge by putting N/A in the blank space. Test scores may be included on transcripts.**

Deadline for this scholarship application is September 1. This will be applied toward the Spring Semester of applicable year.