**Cleveland Area Hospital Auxiliary Scholarship Application 2020**

Last Name: First Name: MI:

Date: Date of Birth: Phone Number:

Address:

Email Address: GPA:

Are you planning to go into the medical field? Y or N

What college are you planning to attend?

What are you planning to study?

Please List Any Extra-Curricular Activities:

Please List Any Honors or Awards:

Please List Any Scholarships Received:

PLEASE SUBMIT:

1. A short essay over your personal, educational, and career goals. You may also include any other pertinent information about yourself.
2. Two letters of recommendation from teachers and/ or counselor.
3. For consideration of scholarship, please return application along with requested documentation to your high school counselor **no later than March 31, 2020.**