

Cleveland Area Hospital Auxiliary Scholarship Application 2021

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 mail application along with requested documentation by March 26th to:
Shelley Siler at Cleveland Area Hospital
1401 West Pawnee St.
Cleveland, OK
74020