

**Person Memorial Hospital Auxiliary**  
**PMH Health Scholarship Application for Spring 2019**

*\*Application Deadline is November 27, 2018*

**1) PERSONAL & WORK INFORMATION**

Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Hospital Department (Location): \_\_\_\_\_

Number of years employed at PMH (or related org): \_\_\_\_\_

**2) SCHOLARSHIP INFORMATION**

Name of University/College/Community College or accredited entity you are planning to attend:

Have you been accepted or already attending?: \_\_\_\_\_

Degree/Certification Sought: \_\_\_\_\_

Briefly describe your primary career goal: \_\_\_\_\_

**3) REFERENCES**

**Reference #1-** Please include name, email, phone number and relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

**Reference #2-** Please include name, email, phone number and relationship to you:

\_\_\_\_\_  
\_\_\_\_\_

**4) ABOUT YOU**

On the next page or typed separately, please explain the reason why you are applying for this scholarship in approximately 400 words or less. Describe your need, career goals and any special circumstances which you should be considered by the Selection Committee.

*\*Please return this application and the other required information in a sealed envelope to PMH Auxiliary, attention Gaye Foster-Wright or email Keith Herl at [keith.herl@lpnt.net](mailto:keith.herl@lpnt.net)*

