

**MARY E. HILL SCHOLARSHIP APPLICATION**

The Mary E. Hill Scholarship is available to students who are interested in completing a degree in medical or medically-related fields/careers. If you are a current year high school graduate, **your high school will be notified prior to your graduation** should you be selected for a scholarship.

The Mary E. Hill Scholarship Committee asks that you complete the following form (with four copies) and return it to **Eileen Baker-Wall, President, 3501 Wynfield Drive, Richmond, Indiana, 47374** at **least 60 days prior** to your proposed enrollment in an accredited institution of learning.

**Please PRINT in blue or black ink or type your application. Be sure to submit the original and four (4) copies.**

Student's Full Name\_\_\_\_\_

Home Address\_\_\_\_\_ Phone Number\_\_\_\_\_

Parent(s)/Guardian(s) or Spouse\_\_\_\_\_

Parents'/Spouse Occupation(s)\_\_\_\_\_

Number of dependents in immediate family\_\_\_\_\_

Number of dependents attending accredited colleges\_\_\_\_\_

-----  
Name of High School\_\_\_\_\_ Year graduated\_\_\_\_\_

Class rank\_\_\_\_\_ GPA\_\_\_\_\_ (Please attach official transcript if attended within past five years.)

List of colleges attended (Please attach most recent official transcript from each one.)\_\_\_\_\_

List high school activities (if attended within past five years): Specify offices held, honors received, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List community activities; Specify offices held, honors received, etc.\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all jobs held for the past three years with beginning and ending dates of employment and reason for leaving. \_\_\_\_\_

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

What is your career goal? What is(are) your reason(s) for choosing this career? \_\_\_\_\_

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

What school are you attending or planning to attend? \_\_\_\_\_

\*\*\*\*\*

Ethnicity (check one): (1) Black, non-Hispanic (2) American Indian/Alaskan

(3) Asian/Pacific Islander (4) Hispanic (5) White, non-Hispanic

\*\*\*\*\*

In proper essay form, discuss your financial need and how this scholarship will be used, specifically, to aid your financial situation. \_\_\_\_\_

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

(Please attach additional sheets as needed to complete your essay. A typed document is preferred.)

Applicant's Signature \_\_\_\_\_

Parent's Signature (if under 18) \_\_\_\_\_

Date \_\_\_\_\_

NOTE: Your signature (or your parent's signature if under 18) attests that you grant officers of the Mary E. Hill Scholarship Committee permission to contact schools and previous or current employers for verification of the information you have given here.