



APPLICATION FOR \$1,000 DEPENDENT SCHOLARSHIP

This completed application must be returned to Wayne County Foundation by February 9, 2012. Selection of scholarship recipients is made by the Wayne County Foundation. The foundation will only confer with Reid for the purpose of verifying the eligibility requirements and selection criteria following selection of scholarship recipients by the committee.

Eligibility

- Applicant must pursue an undergraduate degree at an accredited university or college.
- Applicant must be accepted to a full time course of study in health care related field typically found in a hospital including but not limited to nursing, radiology, respiratory, laboratory, pharmacy, rehabilitative services or medical records.
- Applicant must be a dependent child of a current Reid Hospital employee. A dependent child is defined as an employee's natural child, stepchild, legally adopted child or a child who the employee has legal guardianship, is unmarried, has not attained age 24 as of the beginning of the academic year and is dependent on the employee for financial support. Dependent children of Reid's administrative staff members are not eligible.
- The Reid employee must have successfully completed the 90 day introductory period and be in good standing. Employee in good standing means the employee is not on official written corrective action.
- Applicant must not have been a previous recipient of the \$1,000 scholarship.

PERSONAL INFORMATION

Name _____ Date of birth _____

Permanent mailing address _____

City _____ State _____ Zip _____

Phone (____) _____ Social Security Number _____

If applicable, name of High School _____

Name of college or university you are attending or plan to attend _____

City _____ State _____ Zip _____

Grade (academic year 2012 – 13) _____ Current GPA _____

Course of study _____

Parent/Guardian name (Reid employee) _____

Your Relationship to Reid employee _____

of years employed at Reid _____ Current Department _____

FINANCIAL INFORMATION

2 parent household
 1 parent household

Number of children and ages living in the household _____
Number of persons attending college full-time in school year 2011 - 12 _____
Number of full-time workers living in household _____
Number of part-time workers living in household _____

Gross family income (required)

\$20,000 or under \$50,000 - \$75,999
 \$20,001 - \$29,999 \$76,000 - \$99,999
 \$30,000 - \$39,999 \$100,000 - \$125,000
 \$40,000 - \$49,999 \$125,000 and over

Is child support received in the household? Yes _____ No _____

Is child support expended from the household? Yes _____ No _____

Other sources of household income _____

Please list any other scholarships and financial assistance this student has received.

The following must be attached with your application:

- 1. An official transcript of grades.**
- 2. A summary of any previous work history.**
- 3. A list of your extracurricular and community activities and awards and recognitions.**
- 4. A one page statement of your future plans and why you should be selected for this scholarship.**

I certify it is my intent to pursue a health care career at an accredited college or university and the information provided is complete and accurate to the best of my knowledge. I understand that falsification of information will require me to reimburse Reid Hospital any scholarship awarded.

Applicant's signature

Date

Parent/Guardian signature (Reid employee)

Date

**Return completed application no later than February 9, 2012 to:
Wayne County Foundation
Attn: Andrea Stuckey
33 South 7th Street
Richmond, IN 47374**

