



APPLICATION FOR \$2,500 GRADUATE STUDENT 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 be pursuing a graduate degree at an accredited university or college.
- Applicant must be enrolled full-time in one of the following majors: nurse practitioner, pharmacy, physical therapy, occupational therapy, speech therapy, physician, or physician assistant.
- Applicant must be a fifth year or greater graduate student.
- Applicant must be a resident (for at least a year) of one of the following Indiana counties: Wayne, Fayette, Henry, Randolph, or Union or a resident of one of the following Ohio counties: Darke or Preble.

PERSONAL INFORMATION

Name _____ Date of birth _____

Permanent mailing address _____

City _____ State _____ Zip _____

County residing in _____ Phone (____) _____

Student ID Number _____ Email _____

Name of high school graduated from _____

Year of high school graduation _____

Name of college or university you are attending _____

City _____ State _____ Zip _____

Grade/Year of schooling for academic year 2012 – 13 _____

Cumulative GPA _____ Current GPA _____

Major _____

Are you currently employed _____ If so where _____

Are you eligible to receive education reimbursement from your employer _____

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)

\$30,000 or under \$90,000 - \$109,999
 \$30,001 - \$49,999 \$110,000 - \$139,999
 \$50,000 - \$69,999 \$140,000 and over
 \$70,000 - \$89,999

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

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

Other sources of household income _____

Current College Expenses for the year _____ \$ _____

How will the current college expense be paid for the year and amount for each of the following:

Grants \$ _____ Scholarships \$ _____ Loans \$ _____

Parental assistance \$ _____ Student contribution \$ _____

The following must be attached with your application:

- 1. An official transcript of grades.
- 2. A letter of recommendation from a professor, guidance counselor, or dean of program that you have known for at least a year.
- 3. A two page maximum statement including: your future plans, why you should be selected for this scholarship, and what inspired you to the health care profession.

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

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