



**Ascension  
St. Joseph  
Foundation**

200 Hemlock/PO Box 659  
Tawas City, MI 48764  
Phone: (989) 362-0159

## 2019 Application Community Scholarship

*IMPORTANT: Please review the Community Scholarship  
Directions and Checklist prior to completing your application.  
No handwritten applications will be accepted.*

Date  
Name  
Address  
Phone  
Email  
Parent/Guardian Name  
High School Currently Enrolled In  
College/university student ID #  
Field of study  
College or university attending  
College/university mailing address for tuition payments

One copy of the application and additional materials must be **electronically submitted to the Foundation office by 3:00 p.m., March 1, 2019.**

Late or incomplete submission will not be accepted.

All applicants will receive notice of award status by mid-April 2019.

Grade Point Average  
Degree/certificate pursuing  
Degree previously completed  
Expected college/university graduation date

What is your professional goal?

Enrolled in school:     Full-time         Part-time

Gender:                     Male                     Female

First time applicant    Prior award recipient    Year of award

### **Extra-Curricular Activities**

Provide a detailed description, including time commitment, of extra-curricular activities you are currently involved in.

### **Community Volunteer Programs/Projects**

Provide a detailed description, including time commitment, of community volunteer programs you are currently involved in.

### **Scholarship Essay**

Please use the following space to provide your essay as to why you should be considered for a scholarship and explain what experiences have influenced your decision to pursue a career in health care. Submission should be in an 11point font. Essay must not exceed 500 words.



## **Ascension St. Joseph Foundation**

### **Scholarship Agreement**

Application deadlines are final. Incomplete or late applications are not accepted. Any submission lacking any of the required materials will not be considered.

Award payments will be paid directly to your educational/training institution. Any remaining scholarship funds not used will be reimbursed directly to St. Joseph Health System Foundation.

Selection of all candidates is based on information contained on the application. The scholarship committee may choose to interview candidates for additional insight on their future plans.

All award recipients will be notified via mail if they receive the award and will need to return a letter of agreement within 10 days, to be eligible to receive the award. Scholarship award is valid until June 30, 2020.

All scholarship recipients agree to the use of their image/photo for promotional purposes by Ascension St. Joseph and Ascension St. Joseph Foundation.

I acknowledge all the facts set forth in my scholarship application are true and complete. I authorize my references to provide information concerning me to the Scholarship Committee.

Further, I release all such persons providing character reference from liability or damages incurred because of furnishing the above information. I understand false statements or omission of relevant information should be considered sufficient cause to reject this application.

If I am awarded the scholarship, I will use it toward tuition for the named academic program, professional development and/or accreditation program. If for any reason I am unable to complete such opportunity for which the scholarship was intended, I agree to notify the Ascension St. Joseph Foundation and reimburse the full amount received.

By completing this form, you agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

**Applicant Signature**

**Date**