

# **FISHERMEN'S COMMUNITY HOSPITAL AUXILIARY SCHOLARSHIP**

## **PURPOSE AND RULES:**

- 1. Financial aid will be made available to persons starting their education in health related fields.**
- 2. Persons applying for funds shall have proven enrollment in a health related program.**
- 3. Each year one scholarship in the amount of \$1,000 is given in the name of Alice Skinger.**
- 4. Scholarship Committee shall consist of four members of the Auxiliary appointed by the Fishermen's Community Hospital Auxiliary board.**
- 5. Recommendations of the Scholarship Committee shall be submitted to The members of the board for their approval before notifying applicants.**
- 6. Scholarship Committee for 2017 is chaired by Dolores Larson.**
- 7. Recipients will be notified by presentation at a graduation exercise or by mail.**
- 8. Scholarships from Fishermen's Community Hospital Auxiliary are only available to persons living in the area served by Fishermen's Community Hospital. The area serviced is MM25 to MM75.**

3/01/17

**FISHERMEN'S COMMUNITY HOSPITAL AUXILIARY  
APPLICATION FOR SCHOLARSHIP GRANT**

I hereby apply for a grant to assist me in furthering my education in a health related field

NAME \_\_\_\_\_

**FIRST**

**MIDDLE**

**LAST**

Street Address \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

INTENDED COLLEGE/TECHNICAL SCHOOL \_\_\_\_\_

COLLEGE/TECHNICAL SCHOOL NOW ATTENDING \_\_\_\_\_

**REQUIRED INFORMATION**

1. Graduating high school – please submit a transcript of grades
2. Evidence of enrollment in a college
3. One letter of recommendation
4. **ALL APPLICANTS:** Please include information of projected expenses, name degree/purpose for the application, and present place of employment on reverse side of this application.

Application to: **FISHERMEN'S COMMUNITY HOSPITAL AUXILIARY**  
Attention: Scholarship Committee  
3301 Overseas Highway  
Marathon, FL 33050

For information please call Dolores M. Larson 305 395 2946

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

**APPLICATIONS ARE DUE MAY 1, 2017**