

**CONNEAUT HOSPITAL THRIFT SHOP
SCHOLARSHIP GUIDELINES**

A. Eligibility

1. Applicant must be (1) at least 17 years of age, (b) enrolled as a high school senior or a high school graduate, and a resident of Ashtabula County, OH.
2. Applicant must supply all information requested by the scholarship committee, including but not limited to official high school transcripts or proof of grades (GPA as of 1/1/23, proof of any higher education enrollment and degree or certification and evidence of employment, income and other financial resources, whichever apply.
3. Applicant must submit a completed application and official transcripts and all supporting documentation to the address identified by the stated deadline in a **large manila envelope (must be postmarked by March 1st)**.
4. Applicant must be pursuing a career in one of the following health-related fields of education: dental, nursing, pre-med or medicine, pharmacy, physical therapy or lab/x-ray technician etc. Does not include veterinary sciences.
5. Applicant must be applying to, accepted at, or enrolled in an accredited educational institution and program of study.
6. Any check issued will be sent to the school.
7. Applicants/Recipients may receive this scholarship for a total of two years and may reapply with a new completed application for the second year.

B. APPLICATION PROCEDURES

An application may be disqualified for any one of the following reasons: (1) ineligibility of the applicant; (2) incomplete application; (3) lateness; and (4) falsification of any information (regardless of who may have falsified the information).

C. APPLICATION PROCEDURES

1. Applicant types or prints clearly and legibly using black ink.
2. Applicant writes name and/or last four digits of Social Security number on each page.
3. Applicant completes Parts I, II, III, IV, V and VI and signs and dates the Applicant's Statement on page 4.
4. A Parent of applicant **MUST** complete and sign Part IV if applicant is dependent.

D. SELECTION PROCESS

1. Applications are reviewed by the scholarship committee.
2. Emphasis is placed on the following considerations, need, leadership, expression on interest in the health field and references.
3. All decisions of the scholarship committee regarding applications are within the exclusive discretion and judgment of its members are final and binding.
4. Applicants will be notified of the status of their applications.,

**MAIL APPLICATIONS TO: CONNEAUT HOSPITAL THRIFT SHOP
SCHOLARSHIP COMMITTEE
P.O. BOX 194
CONNEAUT, OH 44030**

For questions contact Lori Maurer call or text 440-265-1771.

Conneaut Hospital Thrift Shop

Student Scholarship Application

(Print clearly using black ink or type)

Part 1: STUDENT INFORMATION:

Student Name: _____ SS# (last 4 #'s) _____
Last First Middle Initial

Date of Birth: ___/___/___ Age: ___ Male ___ Female: ___

Marital Statue: Single ___ Married ___ Separated ___ Divorced ___

If married, Spouses' Name: _____

Name and Age of any Children: _____

Home Address: _____
House/Box#/Street/Route# City State Zip

Home Telephone _____ Cell number _____

School Telephone: _____

Field of Education: _____

School(s) Applied to/Accepted at if Known: _____

Currently Employed: No ___ Yes ___ Hours per week ___ Rate of Pay ___

Name of Employer: _____ Work Telephone _____

Supervisor _____

Address of Employer: _____

Job Position _____

Job Responsibility _____

Other Sources and Amounts of Income/Financial Aid Please advise whether applied for or received:

Student Name: _____ SS#(Last 4#'s) _____

School Enrollment: Name of High School _____
Dates of Enrollment/Graduation _____
Name of College _____
Dates of Enrollment/Graduation _____
Diploma/Degree _____

PART II: Current/Extra Activities/Projects/Awards/Recognitions:

A. High School and College Activities/Projects:	Leadership Position:
_____	_____
_____	_____

B. Community Activities/Projects:	Leadership Position:
_____	_____
_____	_____

C. Academic Awards/Recognition's:

Indicate which activity/project/award/recognition (listed above) you feel has been most valuable and meaningful to you in various aspects of your life and why:

In the last year have you or any member of your immediate family volunteered in your community?
If Yes- where and what member _____

STUDENT NAME: _____ SS# (last 4#) _____

PART III: ESSAY:

Instructions: in no more than 300 words (approximately 1-1/2 pages, double-spaced); introduce yourself to the Scholarship Committee. Show how your personality, academic background, and extra activities have prepared you for the role as a health care person.

Your essay should be well organized, thoughtful, concise, and grammatically correct.

PART IV: FAMILY INFORMATION (Required if student is a dependent; if not, go to Part V)

A. Identification/Occupation

B. Father's Name _____ Occupation _____

Father's Income: _____ Employer _____

Mother's Name: _____ Occupation _____

Mother's Income: _____ Employer _____

Name and Ages of Siblings Living at Home and/or in College: _____

C. A Parent's Statement/Signature (Required if student is a dependent)

I acknowledge that it is my son/daughter's responsibility to make sure the application is completed and returned/postmarked no later than the March 1st deadline,

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

PART V REFERENCES (Non-Related) (2)

Name: _____ Phone # _____

Name: _____ Phone# _____

(Enclose letters from each reference)

Students Name _____

SS#(Last4 #'s) _____

Part VI. APPLICANT'S STATEMENT/SIGNATURE

I certify that all of the information contained within this application is correct
To the best of my knowledge. I understand that information about me may be shared
with the public, if I am the recipient of the scholarship, and I consent to the release of
Information.

I acknowledge that it is my responsibility so ensure that this application is completed
And returned/postmarked no later than the March 1st deadline. I understand that any
award will be

Contingent upon my acceptance to and enrollment at an accredited educational
institution and program of study. I authorize the scholarship committee to request and
and obtain information regarding my enrollment status for purposes of making
Distribution of any scholarship award.

Applicant's Signature _____

Date: _____

It is the policy of Conneaut Hospital Thrift Shop to consider all applications who are eligible for a
Scholarship award without regard to race, color, religion, national origin, gender identity, sexual
orientation, age, disability, veteran status, marital status or parental status.