



Dr. James J. Thomas Scholarship Information

As the Alliance Community Hospital Auxiliary has done in the past, we are again offering the *Dr. James J. Thomas Scholarship* to four seniors from area high schools. This is a one-time \$1,500, second semester, scholarship for those students interested in pursuing a career in the ***healthcare field***.

Application packets may be picked up in the Gift Shop of the hospital, Monday thru Friday 10:00 a.m. to 3:00 p.m., or students can obtain the application packets from their school guidance counselor.

Scholarship recipients are selected by a committee representing the Auxiliary (2), health care professional (1) and the community (1). The committee's selection is made based on points awarded in the following areas:

- Financial Need
- Volunteer Work in any location
- School and Community Involvement
- General Academic Achievement

It is the responsibility of the student to return the application and a transcript of high school grades to the Hospital Gift Shop **no later than 3:00 p.m. on March 23rd, 2018.**

Individuals who are selected as recipient of a scholarship will be notified, as well as the guidance counselor of the school. An Auxiliary representative will be present at the school's awards program to present the recipients with a congratulatory letter.

If you have any questions concerning this scholarship opportunity, please contact the Foundation Department at 330-596-7516. We appreciate the opportunity to offer this scholarship to students in our area schools.

Sincerely,

Mary Lou Williams

Mary Lou Williams
Auxiliary Scholarship Chairwoman

***Please Mail Applications to:
Alliance Community Hospital-Gift Shop
Attention: Auxiliary Scholarship Committee
200 E. State St.
Alliance, OH 44601***

The Dr. James J. Thomas Scholarship Application
Sponsored by: Alliance Community Hospital Auxiliary

Name: (please print) _____

Home Address: _____
(Street) (City) (State) (Zip)

Phone (home): _____ Cell: _____

Parent(s)/Guardian(s) Name: _____

Are your Parent(s)/Guardian(s) employed at Alliance Community Hospital? Yes No

Have you volunteered at Alliance Community Hospital? Yes No

Number of Years: _____

Have you applied for other scholarships? Yes No If so, for what amount?: _____

Have you been awarded any scholarships? Yes No If so, for what amount?: _____

Name of the school where you have applied: _____

What are your career goals?: _____

Please list the activities and extra curricular activities in which you participate, as well as any honors or offices you have held: _____

Please explain your interest in the healthcare field: _____

Why are you applying for this scholarship?: _____

Number of siblings in family: _____

Please check the appropriate range for your family income:

<input type="checkbox"/> Under \$20,000	<input type="checkbox"/> \$40,000 to \$50,000
<input type="checkbox"/> \$20,000 to \$30,000	<input type="checkbox"/> \$50,000 to \$60,000
<input type="checkbox"/> \$30,000 to \$40,000	<input type="checkbox"/> \$60,000 to \$70,000
	<input type="checkbox"/> \$70,000 and above

I fully understand that by accepting a scholarship from the Alliance Community Hospital Auxiliary, it is my intention to continue my education in a recognized post secondary educational institution, and that I must provide formal enrollment acceptance to the chosen school at time of this application. I also understand this is a non-renewable scholarship and that the scholarship money will not be dispersed to my school of acceptance until I have successfully completed one (1) semester with no less than a 2.5 GPA. Upon completion of one (1) semester, I will provide the Alliance Community Hospital with verification of the above requirements which will permit the scholarship funds to be dispersed to the chosen school.

Applications along with an official copy of the student's current transcripts are due by Friday, March 23rd, 2018.

The recipients will be honored in the spring at Alliance Community Hospital by the Auxiliary. Those receiving the scholarships will be expected to attend.

Applicant's Signature: _____ **Date:** _____

Parent(s)/Guardian(s) Signature: _____