



Dr. James J. Thomas Scholarship Information

As the Aultman 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, including signatures to the Hospital Gift Shop **no later than 4:00 p.m. on March 20, 2020**.

Individuals who are selected as a 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 Public Relations Department at 330-596-7516. We appreciate the opportunity to offer this scholarship to students in our area schools.

Sincerely,

Mary Lou Williams
Auxiliary Scholarship Chairwoman

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

Dr. James J. Thomas Scholarship Application

Sponsored by

Aultman Alliance Community Hospital Auxiliary

PERTINENT INFORMATION

Name of High School _____

Name _____ Date of Birth _____

Complete Address _____

Phone (home) _____ Cell _____

Parent/Guardian Names _____

EMPLOYMENT

List your employment experience(s) _____

ACTIVITIES

List your school activities (Note offices, leadership positions held, and honors/awards received) _____

List your community involvement, non-school related activities and hobbies _____

ACADEMIC INFORMATION

****Attach a copy of your high school transcript**

Current GPA _____ Class Rank _____ Class Size _____

Name of college/university you plan to attend _____

Have you been notified of acceptance?Yes.....No

SCHOLARSHIP INFORMATION

Have you already received a scholarship?.....Yes.....No.....If so, amount _____

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

ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER

What influenced you to pursue a career in the Health Care Field?

What are your expectations and goals as you become a Health Care Provider?

* **STUDENT SIGNATURE** _____

* **PARENT SIGNATURE** _____

**PLEASE RETURN THIS COMPLETE APPLICATION TO THE HOSPITAL GIFT SHOP
BY MARCH 20TH TO BE CONSIDERED FOR THE \$1500.00 SCHOLARSHIP.**