

Springfield Township Auxiliary/Association
James G Holleran R.Ph/ EMT Memorial Scholarship
Application Form

The purpose of the Springfield Township Auxiliary scholarship is to recognize and encourage students who have demonstrated a commitment to the health and safety of the community and who plan to pursue their post-secondary education **in direct patient fields of medicine**, which include, but are not limited to physical therapy, nursing, STNA, emergency medicine or pre-med. This scholarship is in Memory of James G Holleran, R.Ph, EMT, who was a Pharmacist, a dedicated person in the medical field and believed in helping people. This \$500 Scholarship is open to graduating seniors who reside in Springfield Township or New Middletown Village, regardless of high school attending, who plan to attend an accredited academic institution or trade school in the Fall of 2018. To enter, please fill out the application completely, sign and return with typed essay to **Springfield Township Auxiliary/Association P.O. Box 26, Petersburg, Ohio 44454, Attn: Scholarship Application.** Entries must be postmarked by **Monday, April 1, 2019.** Direct any questions to Scholarship Committee at springfielddemsauxiliary@gmail.com. Or call 330-719-6970.

PLEASE PRINT LEGIBLY OR TYPE

NAME

DATE OF BIRTH

ADDRESS - No. Street/Road

PHONE NUMBER

E-MAIL ADDRESS

HIGH SCHOOL NAME

Accumulative GPA as of the most recently completed quarter

ACT score

PLEASE LIST ACADEMIC HONOR(S) AND/OR SCIENCE CLASSE(S) YOU HAVE COMPLETED OR ARE CURRENTLY ATTENDING:

AS A HIGH SCHOOL STUDENT, WHAT WORK HAVE YOU DONE, AND/OR CLASSES YOU HAVE TAKEN, OR ARE CURRENTLY TAKING THAT IS PREPARING YOU FOR YOUR INTENDED CAREER?

NAME AND ADDRESS OF SCHOOL YOU WILL BE ATTENDING. IF UNDECIDED, PLEASE LIST ANY SCHOOLS YOU ARE CONSIDERING?

INTENDED MAJOR/COURSE OF STUDY/CAREER- OCCUPATIONAL GOAL(S)?

YOUR COMMUNITY SERVICE /NAME - LOCATION AND YEAR(S) DONE? - IF NONE, WHY?

YOUR EXTRACURRICULAR ACTIVITIES - ACADEMIC/SPORTS AND YEAR(S) DONE? -IF NONE, WHY?

YOU'R EMPLOYMENT HISTORY YEAR(S)? - IF NONE WHY?

PLEASE LIST ANY OTHER FINANCIAL ASSISTANCE EXPECTED OR RECEIVED? IF NONE, SO STATE.

ARE YOU ANTICIPATING A FULL TUITION SCHOLARSHIP? YES? ___ NO? ___

ESSAY: On separate paper, please answer the following question in **AP Essay Format of 500 words or less**: What in your life has most influenced your decision to go into the medical field? (**Please type and double space**)

All of the information submitted in this application will be kept confidential and will be available only to the Scholarship Selection Committee.

By signing you acknowledge that you are a High School Senior anticipating a diploma in 2019, intend to pursue a secondary degree in direct patient medicine field and the information you provided on this application is true and accurate to the best of your knowledge. Recipient must send a copy of their fall schedule by August 31, 2019 to receive awarded monies, or forfeit scholarship.

SIGNATURE

DATE