



Ste. Genevieve County Memorial Hospital Auxiliary Application for Scholarship

The questions found on this form are being asked to properly evaluate your ability and chance for success in procuring a Scholarship from the Ste. Genevieve County Memorial Hospital Auxiliary.

Every effort has been made to comply with the applicable Federal Law and laws of our state. It is not our intent to discriminate in awarding the scholarship on account of color, race, sex, religion, age, national origin, handicap status, or disabled and Vietnam-era veterans.

Please answer all questions:

Name: Address:

Telephone number: Date of Birth: Gender: Female Male

Your place of employment:

Position Held: Spouse's place of employment, if married:

If you're a dependent of your parents, answer the following two questions:

Mother's place of employment:

Father's place of employment:

Number of dependents (including any attending school away):

List name and location of institution you plan to attend:

Did you graduate from high school? Yes No If yes, what year?

Where did you graduate from?

Did you have experience as a Junior Volunteer, nurse's aide and/or other similar experience in the health field?

Yes No If Yes, where and how long?

List organizations, activities, and how long in which you have participated. Include any offices held.

List the amount of other financial help you plan to receive.

Parents: Other Scholarships: Jobs:

List two references other than relatives.

Name: Contact:

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In the space below, write a brief paragraph stating why you feel you should be considered for a scholarship (this is not the time to be modest). For additional space, please use back of this form.

NOTE: Your most recent school records, letter of recommendation of the school administration, and completed application must be e-mailed to the Hospital Auxiliary Scholarship Chairman by May 15, 2024.

Gail Beyatte, beyatte@sbcglobal.net

If you have any questions regarding this application or process, please call Gail at 314-402-3738.