**Cape Regional Medical Center Auxiliary**

**Scholarship Form for Graduating Seniors**

**From Cape May County High Schools**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street and Number Town State Zip

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Names: Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you or an immediate family member work within the Cape Regional Health System? **Y N**

**Academics:**

Grade point average \_\_\_\_\_\_\_\_\_\_ Class Size \_\_\_\_\_\_\_\_\_\_\_ Class Rank \_\_\_\_\_\_\_\_\_\_

Are you in Advanced Placement program/courses? **Y N** STEM Program? **Y N**

Have you received any honor awards? (Ex. Honor Roll, Honor Society, etc.) Please list.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What school and extracurricular activities have you participated in during your high school years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What community service activities have you participated in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List colleges/universities/schools of nursing to which you have been accepted.

­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which one will you be attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is your intended major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your anticipated career choice/goal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses:** (Amount needed for first year)

Please specify miscellaneous expenses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Tuition | $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Room and Board | $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Books/Fees | $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Misc. (specify) | $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total** | $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Financial Resources:** (All information will be held in complete confidence.)

Will your parents be contributing toward your tuition? **Y N**

*If yes, please complete Sections A and B. If no, please only complete Section B*

|  |  |
| --- | --- |
| **Section A.** *Parental contribution for the first year* | **Section B.** *Applicant contribution for the first year* |
| Total amount of household income | $ \_\_\_\_\_\_\_\_\_\_\_\_ | Savings | $ \_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of brothers, sisters, or any other dependents in the household |  \_\_\_\_\_\_\_\_\_\_\_\_ | Scholarship amounts offered to date | $ \_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of dependents presently in college |  \_\_\_\_\_\_\_\_\_\_\_\_ | Other contributions being made toward your education | $ \_\_\_\_\_\_\_\_\_\_\_\_ |
| Household contribution for first year | $ \_\_\_\_\_\_\_\_\_\_\_\_ | Applicant contribution for first year | $ \_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Total needed** | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Household and other contributions** (Section A) | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Applicant contribution** (Section B) | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Amount still required** | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please attach the following:**

1. **Recommendations** (2- preferably one of each)
	1. Teacher or school official
	2. Someone outside the school- employer, minister, etc.
		1. NOT a family member or relative
2. **Statement of Purpose**

Explain why you want to go into your chosen health field and why a scholarship is needed. Please sign and date your statement.

1. **Official, current school transcript**

Return completed application and requested materials no later than \_\_\_\_\_\_\_\_ to:

 CRMC Auxiliary

 Attn: Scholarship Chairperson

 2 Stone Harbor Blvd

 CMCH, NJ 08210

***\*Important: INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED. Personal interviews will be conducted in***

***early May. You will be contacted regarding the date and time. Please bring a copy of your college acceptance letter to the interview.***