Dear Applicant:

Please print a copy of the following application, complete it according to the directions, and return it to the address below with the post-marked date of no later than July 7, 2017. For further information or questions, call Carol Conner at 636-922-9052. Completed scholarship applications may also be turned in to:

BJSPH-PWH AUXILIARY c/o Volunteer Office
10 Hospital Drive
MOB 1, Suite 117
ST. PETERS, MO 63376
APPLICATION FOR SCHOLARSHIP

Scholarships from Barnes-Jewish St. Peters Hospital – Progress West Hospital Auxiliary for 2017-18 are available to any St. Charles County resident who has completed 20 hours of credit in a human-health related field at an approved United States college or university. Students who have been awarded this scholarship in the past are ineligible. Eligible students may apply for a scholarship by submitting the following information.

PERSONAL DATA

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
<th>Phone Number</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State/Zip</th>
</tr>
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</table>

Marital Status _____S_____M_____W_____D  Number of Dependents ______

EDUCATIONAL DATA

<table>
<thead>
<tr>
<th>High School Attended</th>
<th>Date of Graduation</th>
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<table>
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<tr>
<th>College/University Attending for 2016-17 Academic Year</th>
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<tr>
<th>Street</th>
<th>City</th>
<th>State/Zip</th>
</tr>
</thead>
</table>

College Cumulative GPA______  Major _______________________

Previously Attended College/University, if Applicable  Address
FINANCIAL DATA

If you are presently receiving any other financial aid, please list below the amounts of the grants, loans, etc. you will apply toward educational expenses and from whom you have received them. Include any reimbursements from employers, if applicable.

ADDITIONAL REQUIREMENTS

1. Applicant must carry a 3.0 GPA on a scale of 4.0

2. Applicants must either maintain a primary residence in St. Charles County.

3. Applicant must have completed at least twenty credit hours in one year in an accredited U.S. institution and be registered for the next semester in a human-health related field.

4. Applicants who have received this scholarship before are ineligible.

4. Applicant should have an official college transcript mailed from his/her institution to the address listed below.
5. Applicant MUST have one recommendation submitted on his/her behalf written on school letterhead by a professor who is knowledgeable about the applicant’s performance. One other recommendation is required from an employer or someone other than a family member, who knows the applicant well and can verify the applicant’s qualifications for the scholarship. All completed recommendations must be sent directly to the address below.

6. On a separate sheet of paper, write an essay explaining why you wish to continue in this profession and why you feel eligible with respect to any financial need and/or academic achievements. Also, include any previous experience in a medical field or as a volunteer in any area.

Applications must be postmarked or hand-deliver by July 7, 2017

Deliver or Mail to:
Volunteer Office
10 Hospital Dr.
MOB 1, Suite 117
St. Peters, MO 63376

LETTER OF RECOMMENDATION INFORMATION
Please ask the persons writing a recommendation for you to include the following and any other pertinent information, including why you would be a good representative in this field.
1 Interest in health care
2. Interpersonal skills
3. Defined goals
4. Level of demonstrated responsibility and reliability
5. Work ethic
6. Problem solving skills

PERMISSION STATEMENT
I give my permission for all members of the BJSPH-PWH Auxiliary Scholarship Committee to view this application so that I may be considered for this 2017 scholarship. I understand that this information will be kept until the selection process is complete and will then be shredded.

Signature of Applicant Date