

Educational Scholarship Application Child of Allegan General Hospital Employee

Please print clearly.

Applicant Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

AGH Employee Name: _____ Hire Date: _____

Department: _____ Immediate Supervisor: _____

Relationship to Applicant: _____

Name of educational institution: _____

Chosen area of study: _____

Leading to a degree? If so, state degree: _____

Have you been accepted to this school? YES NO Are you enrolled for classes? YES NO

Student ID #: _____ Expected Graduation Date: _____

Date classes will begin (or have begun): _____ Date tuition is required: _____

Mailing address for Financial Aid Office: _____

City: _____ State: _____ Zip: _____

Have you applied for a scholarship and/or grant (any form of education assistance that does not require repayment) from any other source? YES NO

(If yes, state source(s) and amount(s) in the comments section.)

Have you received an AGH Foundation Scholarship in the past? YES NO

Comments: _____

MANDATORY APPLICATION REQUIREMENTS

- In a brief essay no longer than one page, please tell us why you are applying for this scholarship and if received, what you hope to accomplish in the future with your continued studies in nursing or healthcare.
- Please include one letter of reference.
- Please include a transcript showing classes you will be taking.
- Please include any receipts for tuition already paid.

Scholarships are awarded based on merit, need and availability of funds.

***Please note that incomplete applications will not be eligible for review by the AGH Foundation Scholarship Selection Committee. In addition, old and outdated scholarship applications will not be accepted.**

I attest that the above information is correct to the best of my knowledge. In the event I am awarded an Educational Scholarship, I give the AGH Foundation permission to submit a media release with my photograph and information I have furnished.

Signature of Applicant: _____ **Date Signed:** _____

Please submit completed applications and supporting documentation to:

Allegan General Hospital Foundation
555 Linn Street
Allegan, Michigan 49010
Telephone: 269.686.4234
Email: foundation@aghosp.com

*Applications are accepted at any time. For consideration during our Spring Round, **applications must be submitted by the third Friday in APRIL**. For consideration during our Autumn Round, **applications must be submitted by the third Friday in OCTOBER**. If you are awarded a scholarship, we will try our best to present the award before the tuition due date. In some cases, you may have to pay tuition ahead of time. Also, if you are awarded a scholarship, we will apply your award to the upcoming Semester unless otherwise noted on your application.*