

SCHOLARSHIP APPLICATION

Emory Johns Creek Hospital Auxiliary

PERSONAL INFORMATION:

Full Name _____ DOB _____

Address _____

Email address _____ Phone _____

Marital Status _____ Spouse's Name _____

EDUCATIONAL INFORMATION:

What is your professional goal? _____

What school will you attend in the fall? _____

Have you received an acceptance letter? _____

Full or part-time? _____ Expected graduation date _____

If part-time, specify what else you will be doing _____

List in chronological order all schools attended, beginning with high school, giving addresses and degrees granted:

What honors (academic or otherwise) have you received and when? _____

OCCUPATIONAL INFORMATION:

List all jobs you have held (dates, employer and type of work). Indicate full or part-time.

Employer	Duty	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONFIDENTIAL INFORMATION: Supply information as applicable: Person(s) responsible for educational expenses: _____ Parents _____ Spouse _____ Self

IF PARENTS ARE RESPONSIBLE FOR YOUR EXPENSES, PLEASE COMPLETE:

Father's Name _____

Place of employment (name and address) _____

Occupation and approximate income _____

Mother's Name _____

Place of employment (name and address) _____

Occupation and approximate income _____

Number and ages of siblings _____

How many in school _____ In college _____

IF MARRIED, PLEASE COMPLETE:

Spouse's Occupation and approximate income _____

Place of employment (name and address) _____

Number and ages of children _____

IF SINGLE AND SELF SUPPORTING, PLEASE COMPLETE:

Occupation and approximate income _____

Number of children and ages _____

OTHER INCOME SOURCES:

Please list **ALL** scholarship(s), loans, stipends, or other income sources (be specific including amounts)

STUDENT CERTIFICATION

I declare that all the information contained in this application is true, correct and complete.

Signed: _____ Date: _____