

SCHOLARSHIP APPLICATION

Emory Johns Creek Hospital Auxiliary

Personal Information:

Full Name _____ DOB _____

Address _____

Email Address _____ Phone _____

Relationship to Emory Johns Creek Hospital

_____ Employee _____ (Full or Part Time) _____

_____ Employee Family Member (Employee needs to be employed for at least a year)

Name & relationship to Employee _____

_____ Auxilian _____

_____ Auxilian Family Member (Auxilian must have at least 100 Hours of Service)

Name & relationship to Auxilian _____

Educational Information:

Professional goal? _____

School attending 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? _____

Income Sources

Please List **ALL** scholarship(s), loans, stipends, or other income sources. (Be specific including amounts) _____

Occupational information:

Employer	Duty	Dates

STUDENT CERTIFICATION

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

Signed: _____ Date: _____