

# Meade Kilduff Scholarship Application

## Personal Data

Your name: \_\_\_\_\_

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

Telephone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

College or vocational/technical school attending: \_\_\_\_\_

Expected Major: \_\_\_\_\_

Please attach a copy of an official document that provides evidence of your acceptance into college or vocational/technical school for the upcoming academic year.

Current employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Describe any special circumstances that affect your ability to pay for your education:

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## Participation in Activities - Within the Community

Briefly describe the type of activity and the length of time you were involved.

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## Work Experience (including Volunteer Work)

Briefly describe the type of work you did, the position you held and your responsibilities in the position.

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Do you intend to work during the upcoming school year?

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## Honors, Awards, Recognition in the Community

Please list and describe any honors, awards or recognition you have received.

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**Essay topic (attach the essay to the application) :** “How will your chosen career path in a healthcare related field benefit the residents of **Northumberland County?**”

**Financial Data**

What are your estimated educational expenses for next year (mark as applicable)?

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List any sources of aid (grants, scholarships, loans and work-study) you have received to date:

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**\*Please note scholarship money will be sent to the school designated by the applicant!**

**Certification**

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that falsification of any information will cause disqualification of my application from consideration for the **Meade Kilduff Scholarship**.

\_\_\_\_\_  
Applicant name - print

\_\_\_\_\_  
Applicant - signature

\_\_\_\_\_  
Date