



JACKSON HOSPITAL
FOUNDATION

SCHOLARSHIP APPLICATION
Answers must be typed or printed legibly

Last name _____ First name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime telephone () _____ Email _____

Date of birth(Month/Day/Year) _____ SS# _____

Name of high school attended _____

Grade point average (GPA on a 4.0 scale) _____ Must supply school transcript _____

ACT Score _____ or SAT Score _____ Copy of score sheet required _____

Intended area of study (major) _____

Institution _____ Location _____

Expenses expected per semester Tuition _____ Books _____

Room/Board _____ Other _____

Other financial assistance received

Other scholarships (name/amount) _____

Personal _____ Grants _____

Student loans _____

Other _____

Name & address of parent(s) or legal guardian(s)

Parent's telephone (Home) _____ (Work) _____

Parent's place of employment _____

Parent's occupation _____

Household income _____

Do you have a relative employed at Jackson Hospital? yes no

If yes, name _____ Relationship _____

Please list your community service and extracurricular activities

Academic and other honors

Please attach no more than one page (typed) describing your career goals, reason for choosing field and justification for receiving award.

Completed applications should be mailed to:
Jackson Hospital Foundation
1725 Pine Street
Montgomery, AL 36106-1117