



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 (4.0 scale) _____ (Official school transcript required)

ACT score _____ or SAT score _____ (Copy of score sheet required)

Class ranking _____ Total class size _____

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 (Description/amount) _____

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

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

Parent's place of employment _____

Parent's occupation _____

Household annual income \$ _____ (Most recent IRS 1040 or other proof required)

Number of siblings _____ Ages _____

Do you have a relative employed at Jackson Hospital? Yes No

If yes, Name _____ Relationship _____

Please list your community service and extracurricular activities including employment _____

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.

Student's signature _____ Principal's signature _____

Application checklist:

- Completed and signed application
- Personal statement
- Transcript(s)
- Proof of application or acceptance letter
- Most recent IRS 1040 form or proof of household income
- Two letters of reference

Mail completed applications and attachments to:

Jackson Hospital Foundation
1725 Pine Street
Montgomery, AL 36106-1117