

**ANN ROBERTS**  
**CIVISTA HEALTH AUXILIARY, INC.**  
**HEALTH CAREER SCHOLARSHIP APPLICATION**  
(OPEN TO ALL PERSONS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX OR HANDICAP)

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PRESENT SCHOOL ATTENDING \_\_\_\_\_ GPA) \_\_\_\_\_  
GRADE POINT AVERAGE

NAME & ADDRESS OF SCHOOL WHERE ACCEPTED \_\_\_\_\_

WHAT, IF ANY, EXPERIENCE IN HEALTH FIELD \_\_\_\_\_

WHAT SPECIFIC HEALTH CAREER IS YOUR GOAL \_\_\_\_\_

FAMILY INCOME LEVEL (CHECK ONE)

\_\_\_\_\_ \$10-\$15K \_\_\_\_\_ \$15-\$20K \_\_\_\_\_ \$20-\$30K \_\_\_\_\_ \$30-\$40K \_\_\_\_\_ \$40-\$60K \_\_\_\_\_ OVER \$60K

NUMBER OF DEPENDANTS IN FAMILY (EXCLUDE PARENTS; INCLUDE APPLICANT) \_\_\_\_\_

NUMBER IN COLLEGE \_\_\_\_\_

PARENT'S OR GUARDIAN'S SIGNATURE \_\_\_\_\_  
(CERTIFYING FINANCIAL STATUS)

FAILURE TO INCLUDE INFORMATION ABOUT FAMILY INCOME WILL DISQUALIFY APPLICANT

LIST ANY OTHER ASSISTANCE FOR WHICH YOU HAVE ALREADY APPLIED FOR OR RECEIVED

IF STUDENT WITHDRAWS FROM SCHOOL DURNIG THE YEAR FOR ANY REASON, OTHER THAN CONTINUED ILLNESS CAUSING INABILITY TO ATTEND, OR FAILS TO MAINTAIN A 3.0 GPA, THE ENTIRE AMOUNT SHOULD BE REPAID TO THE AUXILIARY.

ALL INFORMATION FURNISHED WILL BE STRICTLY CONFIDENTIAL.

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

**ANN ROBERTS**  
**Civista Health Auxiliary, Inc.**  
**HEALTH CAREER SCHOLARSHIP APPLICATION GUIDELINES**

**IMPORTANT – PLEASE READ CAREFULLY and RETAIN THIS SHEET**

The Civista Health Auxiliary will offer no more than four (4) scholarships, in the amount up to \$1,000 each. THE MONIES FOR THE AWARD WILL BE FORWARDED DIRECTLY TO THE INSTITUTION OF CHOICE TO BE CREDITED TO THE STUDENT’S ACCOUNT AS SOON AS PROOF OF ENROLLMENT/REGISTRATION AS A FULL-TIME STUDENT PURSUING AN ACCREDITED HEALTH CAREER IS RECEIVED BY THE AUXILIARY FROM SAID INSTITUTION.

Students may re-apply for consideration of additional scholarship monies after completing a year as a full-time student and provided a 3.0 average has been maintained by submitting a letter of request and a copy of their transcript.

Applicant must be a resident of Charles County and have a “B” or better average during the Junior and Senior years of High School.

TRANSCRIPT OF GRADES AND ATTENDANCE RECORD FOR JUNIOR AND SENIOR YEARS MUST BE SUBMITTED WITH APPLICATION **NO LATER THAN APRIL 30.**

A copy of Notice of Acceptance of student by college of choice must accompany application.

The Scholarship Committee will interview all qualified applicants before scholarships are awarded. The Committee will determine the date and time of the interview and applicants will be notified. For any further information, please contact:

**Civista Health Auxiliary, Inc.**  
**5 Garrett Avenue, P.O. Box 1070**  
**La Plata, Maryland 20646**  
**301-609-4129**

Please forward the following to “Scholarship Committee, Civista Health Auxiliary, Inc.” to the address above.

1. Completed application for scholarship
2. Notice of acceptance by college
3. Sealed transcripts of grades and attendance record for the Junior and Senior years of High School
4. Sealed transcript of college grades, if student is already in college
5. Two (2) letters of recommendation addressed to the Scholarship Committee, Civista Health Auxiliary  
No more than one from school faculty.

IMMEDIATELY UPON NOTIFICATION OF RECEIPT OF AUXILIARY SCHOLARSHIP AWARD, A LETTER OF ENROLLMENT/PROOF OF REGISTRATION FROM THE COLLEGE OF CHOICE MUST BE SENT TO THE SCHOLARSHIP COMMITTEE. ONLY AT THAT TIME WILL THE AWARD MONIES BE DISTRIBUTED DIRECTLY TO THE STUDENT’S COLLEGE OF CHOICE. **STUDENTS WILL NOT RECEIVE THE FUNDS PERSONALLY.**