

CAMDEN CLARK MEDICAL CENTER AUXILIARY
Leo D. Carsner Scholarship Application

Personal

Name: _____

Current Mailing Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Phone Number: _____ Date of Birth: _____

Citizenship: _____ Marital Status: S M D W (circle one) Number of Children: _____

Spouse's Name: _____

Spouse's Employer: _____ Occupation _____

Annual Household Taxable Income: _____

Education

High School: _____ Year Graduated: _____

College or University Currently Attending: _____

College or University Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

College Level: Freshman _____ Sophomore _____ Junior _____ Senior _____

Graduate School Year: (circle one) 1 2 3 4 5

Expected Degree: _____ Associates _____ Bachelors _____ Masters _____ Doctorate _____ Other _____

Major Study _____ Expected Graduation Date: _____

After graduation, what geographical area do you expect to work in? _____

Family (if currently a dependent under your parents)

Father's Name: _____ Occupation: _____

Address: _____

Annual Taxable Income: _____

Mother's Name: _____ Occupation: _____

Address: _____

Annual Taxable Income: _____

Siblings:

Name			
Age			
In College			
Living at Home			

Leo D. Carsner Scholarship Application cont.

Applicant's Achievements: College Related (freshman college students may use senior year of high school)

Cumulative GPA: _____

In-School Activities (ex. Clubs, positions & offices held): _____

Out of School Community Activities: _____

Honors & Awards: _____

Employment (summer and after school hours – prior year only)

Employer	Dates	Gross Income

Budget Forecast

Student's Expenses for next academic year	Contributions for next academic year (no repayment needed)
Tuition & Fees	Student Contribution
Room & Board	Parent Contribution
Books & Supplies	Spouse Contribution
Transportation	Savings
Child Care	Grants (please list)
Personal	
	Scholarships/Awards (please list)
TOTAL	TOTAL

Contributions (repayment expected)
Loans (please list)
Other
TOTAL

Are you eligible for Veteran's Benefits or Social Security? _____

Please Attach:

1. Transcript of grades (computer generated electronic form is acceptable)
2. Three (3) letters of recommendation from instructors, advisors, supervisors, employers, community service references, etc. who have known you during the past two (2) years. College freshman may have one of three from a high school reference. References need to be signed, dated and time relevant to current college status.
 - **Do not include** family, friends, or clergy
3. A personal essay to explain your knowledge and experience in your career field, as well as your career goals.