

BLAKE MEDICAL CENTER AUXILIARY, INC.  
2020 59th Street West  
Bradenton, Florida 34209

SCHOLARSHIP APPLICATION

**PLEASE NOTE: Students applying for our scholarship must be currently enrolled in or accepted in a post-secondary healthcare related program at an accredited school, college, or university.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST Middle

E-MAIL \_\_\_\_\_ PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED FL RESIDENT? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN \_\_\_\_\_ AGES \_\_\_\_\_

ARE YOU EMPLOYED? WHERE \_\_\_\_\_ POSITION \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED FOR A BLAKE MEDICAL CENTER VOLUNTEER AUXILIARY SCHOLARSHIP? \_\_\_\_\_

IF YES, WHAT YEAR? \_\_\_\_\_

SCHOOL, COLLEGE, OR UNIVERSITY IN WHICH YOU ARE CURRENTLY ENROLLED OR HAVE BEEN ACCEPTED:

THE HEALTHCARE PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED OR HAVE BEEN ACCEPTED:

WHAT EXPERIENCE HAVE YOU HAD IN HEALTHCARE RELATED PROFESSIONS?

AFTER COMPLETION OF YOUR DEGREE, WHAT ARE YOUR FUTURE PLANS?

MAY WE ANNOUNCE ANY SCHOLARSHIP YOU MAY BE AWARDED TO THE MEDIA?

**PLEASE NOTE: BEFORE THIS APPLICATION CAN BE CONSIDERED, THE SCHOLARSHIP COMMITTEE MUST HAVE A COMPLETED APPLICATION INCLUDING THE FOLLOWING:**

1. A LETTER OF ACCEPTANCE FROM THE SCHOOL, COLLEGE, OR UNIVERSITY AT WHICH YOU ARE CURRENTLY ENROLLED OR HAVE BEEN ACCEPTED
2. A CERTIFIED, CUMULATIVE TRANSCRIPT WITH A GPA OF 3.0 OR HIGHER
3. A ONE-PAGE STATEMENT SUPPORTING YOUR NEED FOR FINANCIAL ASSISTANCE
4. THREE (3) LETTERS OF REFERENCE - (Professional, Academic, and Personal) No Relatives
5. A RECENT PHOTO OF THE APPLICANT
6. A BRIEF COURSE DESCRIPTION FROM THE SCHOOL CATALOGUE
7. A COPY OF FAFSA INFORMATION CONCERNING EXPECTED FAMILY CONTRIBUTION

**FINANCIAL INFORMATION**

DO YOU RECEIVE FINANCIAL ASSISTANCE FROM PARENTS? \_\_\_\_\_ WHAT AMOUNT? \_\_\_\_\_

WHAT IS THEIR YEARLY COMBINED GROSS INCOME? \_\_\_\_\_

ARE THERE OTHER DEPENDANTS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_ WHAT AGES? \_\_\_\_\_

IF MARRIED, LIST SPOUSE'S OCCUPATION \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_

WHAT IS YOUR YEARLY GROSS INCOME? \_\_\_\_\_ YOUR SPOUSE'S? \_\_\_\_\_

FINANCIAL ASSISTANCE FROM SPOUSE? \_\_\_\_\_

IF A SINGLE PARENT, DO YOU RECEIVE CHILD SUPPORT? \_\_\_\_\_ ALIMONY? \_\_\_\_\_

WHAT AMOUNT DO YOU HAVE IN SAVINGS? \_\_\_\_\_

WILL YOU BE WORKING WHEN ATTENDING SCHOOL? \_\_\_\_\_ IF SO, WHERE AND HOW MUCH YOU EXPECT TO EARN? \_\_\_\_\_

ARE YOU RECEIVING ANY OTHER FINANCIAL ASSISTANCE? \_\_\_\_\_ AMOUNT? \_\_\_\_\_

FROM WHOM? \_\_\_\_\_

HAVE YOU APPLIED FOR ASSISTANCE FROM OTHER SOURCES? \_\_\_\_\_ FROM WHOM? \_\_\_\_\_

ARE YOU ELIGIBLE FOR A PELL GRANT OR ANY OTHER SCHOLARSHIPS? YES \_\_\_\_\_ NO \_\_\_\_\_

ESTIMATION OF TWO SEMESTERS' TUITION EXPENSE \_\_\_\_\_

PLEASE LIST LIVING EXPENSES IN DETAIL:

HOME: RENT OR OWN? \_\_\_\_\_ RENT OR MORTGAGE PAYMENT \_\_\_\_\_

UTILITIES (electricity, water/sewer, phone/internet) \_\_\_\_\_ OTHER \_\_\_\_\_

TRAVEL EXPENSES \_\_\_\_\_ INSURANCE \_\_\_\_\_

CHILD CARE \_\_\_\_\_ OTHER EXPENSES \_\_\_\_\_

**I PLEDGE THAT THE ABOVE STATEMENTS ARE ABSOLUTELY TRUE.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**COMPLETED APPLICATIONS ARE DUE FEBRUARY 15, 2017  
PLEASE MAIL TO:**

**Blake Medical Center Auxiliary Scholarships  
PO Box 14814  
Bradenton, FL 34280**

**Blake Medical Center Auxiliary, Inc.**