JTD Hospital Foundation Nursing Scholarship Application

Name:	Date:		
Address:			
	City:	State:	Zip:
Mobile Phone:	Preferred Phone:		
Email:		Birth Date:	
Education (High School and College transcripts mu Current School:		C.	
High School attended if in college:	City/State:		
Major Study Program:			
College you attend or plan to attend:			
Major and Minor (if applicable) Courses of Study:			
School and Community Service			
List school clubs, programs, athletics in which you h Note any positions held.	• •	-	
List service activities in the community and position service clubs in the community.		_	H, church,

List awards and honors you have earned in High School and College financial assistance in this section.)	
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Personal Traits Briefly describe yourself. Address such things as: what you like to goals you have for the next few years, what in life is important to your outside activities. Please be brief, but give us a good idea of your or outside the properties of the prop	ou, why you are or are not involved in
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All information will remain confidential by the Scholarship Comn	nittee.
Signature:	Date:

500 Word Essay – Why I am Making this My Career Choice		

The following information must be completed and emailed to cwidman@jtdmh.org . All information must be received by: April 14, 2023					
	I am available for interviews	on Saturday, June 10, 2023			
Info	ormation to be Submitted to: J	TTD Hospital Foundation, 200 St. Clair, St. Marys OH 45885			
	High School Transcripts				
	College Transcripts				
	Two Letters of Reference	1)			
	(List References' Names)	2)			
	Verification of college registrat Committee prior to payment of	ion must be received by Scholarship scholarship award.			