

Scholarship Applicant Information

Name of Scholarship _____
(Aliferis, DesOrmeau, Kane, Klein, Kramer, Krumbach, LaCross)

Name _____
Last First Middle

Address _____
Street City State Zip

Date of Birth _____ Age _____

Home Phone _____ Social Security Number _____

Parent's or Spouse's Name _____

Address _____
Street City State Zip

High School Graduation Date _____

Name of College Currently Attending _____

Program of Study _____

Number of Credits Earned _____ Current GPA _____

Are you reimbursed by your employer for tuition? _____

Are there any unusual family or personal circumstance you feel warrant the Screening Committee's attention in considering this scholarship?

Work experience during high school or college:

Awards or honors you have received during high school or college:

Why are you interested in your field of study?

What are your plans after graduation?

Community activities in which you've been involved during high school and college:

Please list any scholarships, grants, and/or loans you are seeking or have been awarded. (List source, amount, and whether it has been granted or is pending).

CERTIFICATION

I/We hereby affirm that the information on this form is true and complete to the best of my/our knowledge. I/We are aware of the conditions under which this scholarship is awarded and I/we agree to notify Alpena Regional Medical Center of any change in circumstances or any additional scholarship aid received.

Student Signature

Date

Parent/Guardian Signature (If student is under 18)

Date

Please submit by **April 15** to: Alpena Regional Medical Center
Marketing & Development Department
1501 W. Chisholm St.
Alpena, MI 49707