

Due by Friday, March 9, 2012

SCHOLARSHIP APPLICATION

EUGENE L. SUCHA M.D. MEMORIAL SCHOLARSHIP

Funded by the St. Francis Memorial Hospital Medical Staff and the St. Francis Memorial Hospital Foundation in memory of Eugene Sucha, M.D.

St. Francis Memorial Hospital Foundation
430 N. Monitor St., West Point, NE 68788

This scholarship is open to all fields of study & career choices

Three-\$1,000 Scholarships will be awarded to an area graduating high school senior that has demonstrated high academic achievement, community service, leadership, religious participation, and high personal character.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PARENTS NAME: _____

NAME OF HIGH SCHOOL: _____

I PLAN TO ATTEND: _____ ACCEPTED: ___ Yes ___ No
(Name of School)

RANK IN CLASS: _____ / _____ After _____ Semesters _____ G.P.A. (Out of 100%)
(Rank / Class Total)

ACT Score _____ SAT Score _____

MAJOR / AREA OF STUDY: _____

OCCUPATIONAL INTERESTS: (Upon Graduation from Post-Secondary School)

I Hope To Be Involved In The Following Activities And Organizations While In College:

High School Activities, Special Awards, Community Service, Religious Participation:
(Use a separate sheet)

In 100 words or less, indicate why you would like to be considered for this scholarship:
(Use a separate sheet)

SIGNATURE DATE: _____

Eligible Schools include: Bancroft-Rosalie High School; Dodge High School; Howells High School; Lyons-Decatur Northeast School; Oakland-Craig High School; Pender High School; Scribner-Snyder Community School; West Point-Beemer High School; West Point Central Catholic High School; Wisner-Pilger High School.

EUGENE L. SUCHA, M.D. MEMORIAL SCHOLARSHIP

CONFIDENTIAL REFERENCE FORM

NAME OF APPLICANT: _____

ADDRESS: _____

SCHOOL: _____

How Long Have You Known The Applicant? _____ In What Capacity? _____

***Please check the following characteristics for the Applicant. (Compared to students of the same age)

CHARACTERISTIC	SUPERIOR	WELL ABOVE AVERAGE	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Intellect					
Applies Intellect					
Reliability					
Teamwork					
Honesty/integrity					
Leadership ability					
Service to others					
Community Service					
Religious Participation					

What Do You Consider The Applicants Strong Points (In relation to the Characteristics above)?

What Do You Consider The Applicants Significant Limitations (In relation to the Characteristics above)?

PRINTED NAME _____

SIGNATURE _____

DATE _____

Please return form to: Melissa Haase – Administrative Assistant
 St. Francis Memorial Hospital Foundation
 430 N. Monitor St., West Point, NE 68788

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