



## *Youth Summer Volunteer Program*

### **Thomas and Ella Wong Healthcare Merit Scholarship Application**

#### Part I – General Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

High School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cumulative G.P.A.: \_\_\_\_\_ Date of graduation: Month: \_\_\_\_\_ Year: \_\_\_\_\_

College planning to attend: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ 4 yr College \_\_\_\_\_ 2 yr Community or Junior College \_\_\_\_\_ Vocational/Technical School

Major field of study: \_\_\_\_\_

Expected college start date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Expected college graduation date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Parent or Guardian information (if there is more than one parent/guardian, both should complete information requested below)

Mr. Mrs. Ms. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: (if different from applicant)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_



Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Applications must be postmarked by July 20, 2020 and should include the following:

1. Completed application
2. A copy of your high school transcript
3. 2 letters of recommendation

The scholarship committee will not consider your application if information is missing or incomplete. Only recipients will be notified. Scholarship checks will be made payable to an educational investment account (i.e. 529 plan), that is new or existing.

Return to: Volunteer Services Department  
Attention: Ms. Cindy Hall  
Memorial Health System  
401 Matthew Street  
Marietta, OH 45750