



MEMORIAL
HEALTH SYSTEM

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: _____

Part II – Academic/School Activities

Please list all academic/school activities in which you have participated while in high school. Include any awards and honors you may have received.

Part III – Extracurricular Activities/Community Involvement/Leadership Roles

Please list and describe.

Organization	Role	Dates
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Part IV – Questions

Please answer four of the following questions.

Describe an event in which you took a leadership role and what you learned about yourself.
Name three adjectives that best describe yourself and why?

Describe your community service experience and explain how they have affected you personally.

Please describe an academic or extracurricular accomplishment of which you are most proud and why?

What life experiences have helped to shape who you are today? What challenges have you overcome in achieving your education?

Part V – Future Directions

Make a brief statement or summary (250 word maximum) outlining your education and career objectives.

To the best of my knowledge, all of the above statements and attachments are true.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Applications must be postmarked by Thursday, July 1, 2021 and should include the following:

1. Completed application
2. A copy of your high school transcript
3. Two (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