

APPLICATION FOR BMHA HEALTHCARE SCHOLARSHIP
Brattleboro Memorial Hospital
17 Belmont Avenue
Brattleboro, VT

To be completed by Applicant by
May 14, 2021

Date: _____

1. Name:

Last	First	Middle	DOB
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2. Legal, Permanent Home Address: _____

Street	Town	State/Zip
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3. Telephone Number: _____

4. Father's Name: _____ Mother's Name _____

Occupation: _____ Occupation: _____

Employed by: _____ Employed by: _____

Guardian's Name: _____

Occupation: _____

Employed by: _____

5. Parents or Guardians TOTAL Annual Income: _____

Total Annual Income BEFORE taxes: _____

Total Annual Income /Taxes paid: _____

6. Brother(s) Sister(s) Age(s) Occupation(s) Address(es) Dependent on Income
 In #6 above

_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	_____	Yes or No

You may use a blank sheet to complete any of the following questions:

8. Please list your community activities and how your community service has benefited you:

9. List below all present and past employment, beginning with your most recent:

Employer	From Mo. Yr.	To Mo. Yr.	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. List below all **Healthcare Programs** to which you've applied:

11. Which college/university have you chosen to attend and why?

12. How much money do you have saved toward your education?
If none, why?

13. Have you received or do you anticipate receiving any scholarships, grants or loans to assist you in acquiring your education? If yes, explain.

14. Please tell us about yourself and school activities you've participated in.
Why should we present this **Healthcare Scholarship** to you?

15. In 500 words or less, please write an essay on: "How you see yourself as part of the **Healthcare Field** in the future". (Use additional sheets if necessary).

Please sign your name

date