

Bear Lake Memorial Hospital Auxiliary
“Spirit of Volunteerism Scholarship” Application Form

PART 1: PERSONAL INFORMATION – To be completed by student: (please type or print)

- 1) Student’s Name:
 First _____ MI _____ Last _____
- 2) Student’s Social Security Number _____ 3) Date of Birth _____
- 4) Student’s Permanent Mailing Address:
 Number and Street _____
 City _____ State _____ Zip _____
 County of Residence _____
- 5) Home Phone: _____ Other Phone: _____
- 6) Graduation Date: _____

PART 2: PARENT INFORMATION

- 7) Father or Guardian _____
- 8) Mother or Guardian _____

PART 3: COLLEGE/UNIVERSITY INFORMATION

- 9) Institutions where applicant has applied and/or been accepted

Institution	Accepted
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

PART 4: ACTIVITIES –Type or print activities from grades 9-12

- 10) On a separate sheet of paper limited to one page, list activities in which you have participated:
- A) Volunteer Activities sponsored by your school
 - B) Community Volunteer Activities NOT sponsored by your school
 - C) Special Recognition/Academic Honors/Special Achievements
 - D) Average Volunteer hours given per month during high school career

PART 5: ESSAY –Type

- 11) On a separate sheet of paper write a brief essay describing your volunteer experiences and motivations for engaging in volunteer activities (Why I

volunteer?). Tell how your volunteerism has affected your life and personal goals. The essay should be limited to one page, typed and **double-spacing**.

PART 6: LETTERS OF RECOMMENDATION

12) Please provide one letter of recommendation from an adult representative of an organization to which you have volunteered. Also provide two additional general letters of recommendation from any persons of your choosing. Include their names, addresses and telephone numbers.

PART 7: OFFICIAL TRANSCRIPT – sent by high school directly to selection committee

13) Please have high school send official transcript to the address listed on the cover page.

Counselor's Signature _____

The information provided in this application is accurate and true to the best of my knowledge.

Applicant's Signature _____ Date _____

Application Closing Date – April 15, 2016