



LAKWOOD RANCH MEDICAL CENTER AUXILIARY SCHOLARSHIP APPLICATION

Applicant Information

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Education

College: _____ Address: _____

Major: _____ Anticipated Graduation: _____

GPA: _____ Credits Earned: _____

References

Please list two professional/personal references.

Reference #1 –

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Reference #2 –

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Current Employment if Applicable

Company:

Phone: _____

Address:

Supervisor: _____

Responsibilities:

Attachments

1. Please provide a one- page statement regarding your Education and Career Goals and why you have chosen to major in the Nursing program.
2. A statement outlining any awards or special recognitions you have received.
3. A statement describing any special circumstances that have impacted your college/course experiences, if applicable.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge

Signature:

Date:

Please submit your completed application packet by March 15th, 2019 to:

Scholarship Committee, LWRMCA

P.O. Box 110052

Lakewood Ranch, FL 34211

Questions can be answered by contacting Auxiliary President, Carole Cowan at carolecowan01@gmail.com