

ACMH HOSPITAL AUXILIARY

VOLUNTEER COLLEGE SCHOLARSHIP AWARD APPLICATION

Name _____

Address _____

Phone _____ Birthdate _____

Name & Address of High School _____

Graduation Date _____

Program: Regular _____ Scholars _____ Honors _____

Class Rank _____ QPA _____

Name & Phone Number of Guidance Counselor _____

Please list exact extracurricular activities, honors, and awards received (school & community) and the dates you were involved:

College or Technical School where you have been accepted _____

If you are a college student, please answer the following: Year _____ QPA _____

Name & Address of College or Technical School _____

Field of Study _____