

Applicant's Acknowledgment of Understanding 2024

I understand that the cash award for this scholarship is determined by the Auxiliary Scholarship committee and is to be used solely to help finance attendance at an accredited technical college, accredited college or university. I further agree to permit the information provided in and with this application to be shared with the Auxiliary Scholarship Committee for the sole purpose of making a scholarship determination. The award, if granted, will be paid directly to the Applicant (including the school name) prior to commencing attendance.

Signature of Applicant

Date

**Are you a DCMC
Employee working 20
hours or more per week**

Yes or No (circle one)

Please print the following:

Name

Address (street, city,
state & zip code)

Phone & Email

College/University

Address (street, city,
state & zip code)

Phone & Email

Major/Program in medical
field

Tentative Graduation Date

PLEASE SUBMIT IN THE FOLLOWING ORDER [Please do not staple]

- **Form A**
- **Form C**
- **College Acceptance Letter for new applicants only**
- **Current College Transcript**
- **(2) Current Letters of Recommendation**