

## Applicant's Acknowledgment of Understanding

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.

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Signature of Applicant

Date

**Please print the following:**

Name

Address

Phone & Email

College

Address

Phone & Email

High School and

Graduation Date

Phone number

Major in medical field

Tentative Graduation Date

### PLEASE SUBMIT IN THE FOLLOWING ORDER:

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