

Applicant's Acknowledgment of Understanding 2023

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?	Yes or No (circle one)	How many hours per week?
Please print the following:		
Name	_____	
Complete Address	_____	
Phone & Email	_____	
College/University	_____	
Address	_____	
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) Letters of Recommendation – Current/Academic**