



ASSISTANCE LEAGUE® of the Triangle Area
A Chapter of NATIONAL ASSISTANCE LEAGUE®

A non-profit, volunteer organization dedicated to meeting the needs of our community

SCHOLARSHIP APPLICATION for the HEALTH CARE PROFESSION

Personal Information

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

High School: _____ Graduation Date: _____ GPA: _____

College(s): _____ Dates Attended: _____ GPA: _____

Employment History

<u>Name/Place of Employment</u>	<u>Position(s) Held</u>	<u>Dates of Employment</u>

List ages of children in household:

Male

Female

Total Household Income: _____ U.S. Citizen: YES _____ NO _____

Please provide a description of your financial need: _____

Educational Plans

Please state the name of the post-secondary or technical institution you wish to attend or currently are attending:

What field of Health Care do you plan to pursue and why?

Extra Curricular Activities

List community service, volunteer or additional activities in which you have participated:

List awards or honors you have received:

The following must be attached to this form:

- Verification of High School Graduation, including transcript and GPA, or GED
- Current College/University transcript and GPA, if applicable
- Copy of FAFSA form
- Two references:
 - One reference must be from an employer
 - One reference from someone outside your family who knows you personally

INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED

This application must be postmarked by **March 15, 2008** and sent to:

ASSISTANCE LEAGUE® of the Triangle Area

Scholarship Committee

P. O. Box 98477

Raleigh, NC 27624

(919) 235-4554

ASSISTANCE LEAGUE® of the Triangle Area reserves the right to award scholarships all in one category or separately in each or some of the categories annually.