

Jacobson Memorial Hospital Foundation

Scholarship Application

General Instructions to Applicant

Return a typed or neatly printed application to the Foundation by Feb. 1.

1. Personal Information

Full name of applicant _____ Nickname _____

Home telephone number _____ Email address _____

Present home address _____

City _____ State _____ Zip _____

Citizenship _____

Date of birth _____

2. Family Information

Mother's name _____

Father's name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone number _____

Phone number _____

3. Education

a. Name all secondary and/or technical schools you have attended in the last five years.

List the school you are presently attending first.

b. How many years do you plan to attend college, and what course of study would you like to pursue?

c. What future business or educational career will you likely pursue after finishing college?

d. What college do you plan to attend?

Please list the college's contact information
where financial aid should be forwarded if a scholarship is awarded.

4. a. List participation in academic, athletic and extracurricular activities in high school.

Also add college activities if you are a college student.

b. List awards, achievements and dates for extracurricular or other activities.

Use additional pages or attach resume for sections 4a, 4b 4c.

c. List participation in community service activities.

4. Employment History

List jobs you have held in the last three years, including employer, position and time of employment.

5. Transcript History

Attach a current year certified transcript of your high school record to this sheet.

Add college transcript if you are a college student.

6. Essay

Please write an essay up to 500 words
to describe the greatest benefit of having lived in your local community.

I do state the above information is accurate to the best of my knowledge.

Signature of Applicant _____ Date _____

Return completed application and essay to the below address:

Jacobson Memorial Hospital Foundation

Attn: Scott Brooks, CEO

PO Box 367

Elgin, ND 58533

OR

sbrooks@jmhcc.org