

WEST HOUSTON MEDICAL CENTER VOLUNTEER AUXILIARY
12141 Richmond Avenue
Houston, Texas 77082

NOTE: Please handprint all information on this form.

Name: _____

Student ID # _____ SSN# _____
(Last 4 digits)

Address: _____ Apt # _____

City: _____ State: _____ ZIP _____

Phone: _____ E-mail _____

Address _____

Employer: _____ Employer Phone# _____

School currently attending: _____ Major: _____

Year (i.e. Jr. Sr.) _____ Grade Point Average: _____ (most recent semester)

School Counselor _____ Counselor Phone# _____

Requesting scholarship for what school: _____

For what major: _____

School's name, address and person in charge of tuition

School _____

Address _____ Tuition Registrar _____

City _____ State _____ ZIP _____ Ph# _____

Applicant's relationship to West Houston Medical Center

Name _____ Department _____

Relationship _____

Please submit the following items with your Scholarship Application:

1. Last two semester grade reports.
2. A list of major school activities, clubs, honors, etc.
3. A list of volunteer activities.
4. Two letters of recommendation.
5. A summary of why you want this scholarship and your intended career path.

Those wishing to apply should have some relationship with West Houston Medical Center (i.e., employee, volunteer, relative of employee, student nurse taking clinicals, etc). Financial need, extra curricular activities, and community service will be taken into consideration.

It is understood that if a scholarship has been awarded for a semester, or specified course, and the semester or course is not completed, the funds will be fully reimbursed by the recipient to the West Houston Medical Center Auxiliary. The funds will be sent directly to the school to cover tuition costs and books. Any excess funds will be returned to the West Houston Medical Center Auxiliary or may be applied to the next semester.

Applicant's Signature

Date

Applications are due by Friday, May 25, 2018. An interview with you is required, either in person or by telephone.