

**LOGAN REGIONAL MEDICAL CENTER AUXILIARY SCHOLARSHIP APPLICATION**  
**APPLICATION DEADLINE IS MAY 1<sup>ST</sup>**

Date of Application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID/Social Security Number: \_\_\_\_\_

Name of the Logan County high school and year of graduation: \_\_\_\_\_

What is your GPA? Upon Graduation: \_\_\_\_\_ **OR** Current: \_\_\_\_\_ (please provide a transcript)

What healthcare field have you been accepted into? \_\_\_\_\_

The decision to grant this scholarship is based solely on the financial need of the applicant. Annual income must be below \$55,000. A copy of W-2 form(s) is requested. If you reside with your parents, proof of your parents' income is required with W-2 form(s).

Which school (please check):

Southern West Virginia Community and Technical College \_\_\_\_\_

Ralph R. Willis Vocational School: \_\_\_\_\_

Please provide two personal references, such as an instructor/teacher or minister:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I authorize Southern West Virginia Community and Technical College and/or Ralph R. Willis Vocational School and Logan Regional Medical Center Auxiliary to verify all information contained in this application. Any institution, agency, or individual may release information to the College or Auxiliary for verification and/or publicity purposes. I give permission for my name and/or picture to be used for publicity purposes. It is my responsibility to inform the Financial Aid Office Staff or the Chairperson of the Auxiliary Scholarship Committee of any scholarships, grants, or waivers received by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A GRANT OR SCHOLARSHIP FROM ANY OTHER SOURCE VOIDS THIS SCHOLARSHIP. THIS INCLUDES PELL GRANT.**