



## Applicant's Acknowledgment of Understanding

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

**Please print the following:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email & Phone # \_\_\_\_\_

College \_\_\_\_\_

Address \_\_\_\_\_

Email & Phone # \_\_\_\_\_

High School and \_\_\_\_\_

Graduation Date \_\_\_\_\_

Phone number \_\_\_\_\_

Major in medical field \_\_\_\_\_

Tentative Graduation Date \_\_\_\_\_

### **PLEASE SUBMIT IN THE FOLLOWING ORDER:**

- **Form A**
- **Form B**
- **Form C**
- **Current College Transcript**
- **College Acceptance Letter**
- **(2) Letters of Recommendation**