

Sentinel Health Partners

SCHOLARSHIP APPLICATION

1. Full Name: _____ Date of Birth _____

2. Address: _____

3. Phone: _____

4. Dates attended (at which high-school): _____

5. Credits earned (at which high-school) to date: _____

6. Credits expected to be earned by graduation: _____

7. SC UGP GPA: _____ 4.0 GPA: _____ Class Rank: _____

8. What school do you plan to attend: (full address of school): _____

9. By what date do you expect to hear regarding acceptance? _____

10. What major or concentrated course of study do you plan to pursue? _____

11. What is your ultimate career goal? _____

12. Have you accepted any other scholarships, grants, or loans to help with your education costs? If so, from what source and in what amount? _____

13. Describe the community service activities in which you have participated during your time in high school.

14. List your extra-curricular activities and the office or role you held in each. _____

15. List all achievements and recognitions you have received during your high school years. _____

16. Describe any other activities which have involved a significant amount of your time and interest. _____

17. In no more than 100 words, please tell the selection committee why your past activities and your commitment to your health-care goal make you a worthy candidate for this scholarship.

SCHOLARSHIP FINANCIAL STATEMENT

1. Members in Household:

Name	Age	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Names of all persons contributing income to the household and the annual earned income of each:

Name of Income Earner	Annual Earned Income
_____	_____
_____	_____

3. Any other income available for education purposes. Annual Amount: _____

4. Special financial considerations believed to be relevant: _____

Signature of Preparer: _____

Date: _____

18. Attach a copy of your academic transcript and submit two recommendations from teachers in your school in the Math, Science, English, or Language Department.

For an applicant to be considered, the application, recommendations, academic transcript, and financial disclosure form must be delivered by the deadline to Sentinel Health Partners' Scholarship Fund, Attention: Phyllis Malkoff 1344 Haile Street, Camden, SC 29020. This is the applicant's responsibility.

APPLICATION STATEMENT: I hereby affirm that the information provided in this application and financial statement is true and complete to the best of my knowledge. I also agree that any financial information or significant omission may disqualify me from further consideration for the Sentinel Scholarship or will be considered justification for the withdrawal of the award when discovered. I understand that the scholarship award is dependent upon proof of full-time attendance at an institution of higher learning.

Student's signature

Date

Parent or Guardian's signature

Date