



**DRH Health Auxiliary
College Scholarship Application
Health Related**

Name: _____ Age: _____

Home Address: _____

Cell Phone: _____ Email address: _____

Job Experience: _____

Are you currently employed? _____ Where: _____

Hours worked per week? _____

If still living with parents:

Name of Mother: _____ Where Employed: _____

Name of Father: _____ Where Employed: _____

Others in the family and their ages: _____

How many children in your family will be college students next year? _____

Please state approximate household income: _____

If not living with parents:

Do you have a spouse? _____ If so, are they employed? _____

Are they full time or part time employed? _____

How many children are in your home and their ages: _____

Please state your approximate household income: _____

College Enrolled: _____

Major Declared _____

What year of college will you be in this year?: _____

Current Grade Point Average: _____

School Activities and Offices Held at College: _____

Other Activities (Church, Civic, Etc.): _____



List other scholarships or loans applied for: _____

List Scholarships received and amounts: _____

Other awards/recognitions, which indicate leadership abilities: _____

Additional information (include any factors which might contribute to special consideration for scholarship): _____

In no more than 50 words, state why you are applying for local scholarship consideration: _____

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