

Dorchester General Hospital Foundation, Inc.

P.O. Box 101 • Cambridge, MD 21613

SCHOLARSHIP and GRANTS COMMITTEE

SCHOLARSHIP APPLICATION FOR GRADUATING HIGH SCHOOL STUDENT

The DGH Foundation established a Grant Fund in order to assist qualified students to obtain an education in medical-related fields. Applications are accepted each year from January thru April 1st. The applications are reviewed by our Scholarship Grant Committee. Incomplete or illegible applications will be automatically declined. PLEASE CHECK YOUR APPLICATION CAREFULLY.

The Committee bases its decisions upon financial need, grades, letters of recommendation and the Student's Essay. Consideration is also given to the students' commitment to helping others in their community through their service-learning hours.

The Committee may choose winners from each of Dorchester County's High Schools, from the Dorchester Career & Technology Center (DCTC) and Dorchester County residents attending private schools. Scholarship Grants may range from \$1,000 to \$2,000, but would not be more than the tuition cost at the prospective school. The actual award is given by check to the College/University in which the student is to be enrolled. A student may apply for scholarships for subsequent years by submitting a Scholarship Renewal form or by contacting our Grant Committee.

Should you be interested in being considered for our scholarship program, please complete the attached application and provide a transcript from your high school and your essay. These documents may be mailed to the address above, or delivered to PO Box 101, Cambridge, MD 21613. Please text or email the Chairperson below when you have sent it so that we may be sure it was received. Applications must be received by April 1 for consideration for the current year. Please note: If a delay is expected, please call or email the Scholarship Committee Chair at: Phone: 410.228.3941 or email: jnrloeffler@verizon.net

August 23, 2024

Dorchester General Hospital Foundation, Inc.

P.O. Box 101 • Cambridge, MD 21613

**SCHOLARSHIP APPLICATION FOR
DORCHESTER COUNTY HIGH SCHOOL GRADUATING SENIORS
Medical Related and Nursing Fields Studies Only**

****Please note: Incomplete or Illegible Applications will NOT be considered****

NAME: _____

(First name, Middle Initial and Last Name)

Address: _____

Phone: _____ Email: _____ Date of Birth: _____

High School Attending _____ Graduation Date: _____

A copy of your school transcript must be provided in a sealed school envelope.

Name and location of College or University which you plan to attend:

Name: _____

Address: _____

Your Student I.D. Number: _____

Have you taken any classes at DCTC or are you enrolled in any Nursing or Medical Program at a local Community College? Yes _____ No _____

If **Yes**, what courses have you taken **and** are you currently enrolled?

Course(s)

At: _____ GPA _____

Are you self-supporting your schooling costs? Yes _____ No _____

If **NO**, who is contributing to your support? _____

COMMUNITY SERVICE AND OUTSIDE LEARNING EXPERIENCE

COMMUNITY SERVICE

(Do not include service- learning activities that were performed in school)

PRESENT AND PAST EMPLOYMENT HISTORY

HONORS/AWARDS RECEIVED

(Please provide organization name and contact person)

Scholarship Application Continued – Page 3

Have you applied for other financial assistance such as Grant, Scholarship or Work Study? Yes _____ No _____

If Yes, please describe source, amount and period of time for which you will receive each type of financial aid.

Please include a completed **REFERENCE FORM** (copies are attached) from an instructor or your guidance counselor. Two References are required. However, you may select one other reference who knows you well (for example a job supervisor). They must complete the attached “Reference Question Guide”.
REFERENCE MAY NOT BE A FAMILY MEMBER.

Also required is an **ESSAY** on why you are choosing your field of study and what you hope to accomplish.

We remind you that once you begin your college studies, you may return to the FOUNDATION to request a renewal of your Scholarship for subsequent years.

IMPORTANT STUDENT STATEMENT:

I agree that this application has been completed by the student requesting the scholarship and that it is truthful and accurate. I understand that this application will remain the property of the Dorchester General Hospital Foundation, Inc., Grant Committee for the period of time necessary to review and decide the awards. When complete, this information will be destroyed.

STUDENT APPLICANT Signature:_____

PLEASE PRINT NAME: _____

DATE: _____