



LAKWOOD RANCH MEDICAL CENTER AUXILIARY SCHOLARSHIP APPLICATION

Applicant Information

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Education

College: _____ Address: _____

Major: _____ Anticipated Graduation: _____

GPA: _____ Credits Earned: _____

References

Please list two professional/personal references.

Reference #1 –

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Reference #2 –

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Current Employment if Applicable

Company:

Phone:

Address:

Supervisor:

Responsibilities:

Attachments

Please provide a one-page statement stating your Education and Career Goals which addresses why you have chosen to major in the Nursing Program. In that statement, list any awards or recognitions you have received and describe any special circumstances that have impacted your college/course experiences.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge

Signature:

Date:

Please submit your completed application packet by *March 10th, 2020* to:

**Scholarship Committee, LWRMCA
P. O. Box 110052
Lakewood Ranch, FL 34211**

Questions can be answered by contacting Auxiliary President, Carole Cowan at carolecowan01@gmail.com