

MERTEN & GERALDINE WHYMAN HEALTH CAREERS SCHOLARSHIP APPLICATION GUIDELINES

Hard Copy Application ONLY

*Sparrow Clinton Hospital Foundation
Whyman Scholarship Application
805 S. Oakland Street
St. Johns, MI 48879*

*Must be POSTMARKED by **APRIL 22***

A completed application includes: Responses to the attached Application
2 Letters of Recommendation
A Transcript of your most recent Grades

Letter of Recommendation Requirements: One letter from an instructor or educator
One letter from an employer or volunteer organization

1. Letters must address the type of relationship between the Applicant and the person making the recommendation
2. Letters must address the Applicant's skill sets – Work Ethic, Organizational Skills, Communication Skills, General Attitude, Teamwork Skills, Accountability and Leadership Skills

SCH Caregiver Requirements: Minimum of two classes
Letter from your Leader confirming your enrollment, plus two references

All students must be residents of Clinton County.

No electronically filed or hand-delivered Applications will be accepted. All Applications must be mailed and postmarked by April 22.

The Whyman Scholarship Committee includes at least two Sparrow Clinton Hospital Foundation Development Council members and two clinical SCH Caregivers. The Committee will review all Applications. Selection results will be announced by May 21.

MERTEN AND GERALDINE WHYMAN HEALTH CAREERS SCHOLARSHIP APPLICATION

Name

Date of Birth

Address

City

Zip

Email Address

Phone

Please check all that apply: Clinton County Resident

SCH Caregiver

College Student

High School Student

High School attended:

GPA:

Anticipated Graduation Date:

College attended:

GPA:

School you plan to attend

Planned course of study

Courses taken that relate to this career

**** On a separate sheet, attach responses listed under each bolded section ****

WORK EXPERIENCE List part-time or full-time employment during the past **two** years and provide dates of employment.

LEADERSHIP & COMMUNITY INVOLVEMENT List activities participation, volunteer service, accomplishments, and awards and honors received during the past **one** year.

CHALLENGES Identify a specific challenge you had to overcome and explain how you addressed or are addressing that challenge. **100 words or less**

WHY ME? Why you have chosen to pursue a health career. What you hope to achieve in your career. How a Whyman Scholarship will help your reach your goals. **300 words or less**

I agree not to accept aid from all sources that exceeds my annual tuition, room and board, books, and lab fees.

Applicant Signature:

Date:

Applicant name printed