

Due by Friday, March 7, 2008

Scholarship Application

EUGENE L. SUCHA, M.D. MEMORIAL SCHOLARSHIP

Funded by the St. Francis Memorial Hospital Foundation

St. Francis memorial Hospital Foundation
430 N. Monitor St., West Point, NE 68788

This scholarship is open to all fields of study & career choices

A \$1,000 Scholarship will be awarded to an area graduating high school senior that has demonstrated high academic achievements, community service, leadership, religious participation, and high personal character.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PARENTS NAME: _____

NAME OF HIGH SCHOOL: _____

I PLAN TO ATTEND: _____ ACC EPTED ___ Yes ___ No

(Name of School)

RANK IN CLASS ____ / ____ After ___ Semesters _____ G.P.A.(Out of 100%)

(Rank class total)

S.A.T Score _____

MAJOR / AREA OF STUDY: _____

OCCUPATIONAL INTEREST:(Upon Graduation from Post-Secondary School)

I Hope To Be Involved In The Following Activities And Organizations While In College:

High School Activities, Special Awards, Community Services, Religious Participation:

(Use a separate sheet)

In 100 word or less indicate why you would like to be considered for this scholarship:

(Use a separate sheet)

SIGNATURE

DATE: _____

Due by Friday, March 7, 2008

EUGENE L. SUCHA, M.D. MEMORIAL SCHOLARSHIP

CONFIDENTIAL REFERENCE FORM

NAME OF APPLICANT _____

ADDRESS _____

SCHOOL _____

How Long Have You Known The Applicant _____ In what Capacity _____

***Please check the following characteristics for the Applicant.(Compared to students of the same age)

Characteristics SUPERIOR WELL ABOVE AVERAGE ABOVE AVERAGE AVERAGE BELOW AVERAGE

INTELLECT _____

APPLIES INTELLECT _____

RELIABILITY _____

TEAMWORK _____

HONESTY/INTEGRITY _____

LEADERSHIP ABILITY _____

SERVICE TO OTHERS _____

COMMUNITY SERVICE _____

RELIGIOUS PARTICIPATION _____

What Do You Consider The Applicants Strong Points (In relation to the Characteristics above)?

What Do You Consider The Applicants Significant Limitations (In Relation to the Characteristics above)?

PRINTED NAME

SIGNATURE

DATE

Please return form to: Melissa Kaup- Administrative Assistant
St. Francis Memorial Hospital Foundation
430 N., West Point, NE 6878