

ATTENTION: COUNSELOR

Please hand a copy of this application to each of your Senior students who think they will go into some **MEDICAL FIELD AS A CAREER OR PROFESSOR.**

**PLEASE HAVE THE STUDENTS HAND THEM BACK TO YOU AND GET THEM TO ME NO LATER THAN FRIDAY, MARCH 29, 2019.**

**NO LATE APPLICATIONS WILL BE ACCEPTED.**

1. MAIL TO: Barbara Minton  
1306 Hagan Street  
Crockett, TX 75835  
(936) 546-3035

OR YOU MAY DELIVER TO ME AT THE ABOVE ADDRESS.

Thank you for your help,

Barbara Minton  
Scholarship Chairman  
Crockett Medical Center Auxiliary Volunteers

## AWARD PROCESS

1. Finalists will be selected from the applications submitted.
2. The scholarship will be \$1,000.00----\$500.00 will be awarded each semester.
3. The check will be made payable to the recipient and the school.
4. The second semester scholarship will be awarded only after the recipient furnishes a copy of passing grades from the first semester. Also, you must include your schedule showing registration for at least 12 hours for spring semester. THIS IS REQUIRED AND THERE WILL BE NO EXCEPTIONS.

Please tell the 3 people (One letter must be from one of your teachers.) who write a reference for you to cover the following:

1. Student's achievements
2. Moral character
3. Maturity
4. Student's ability to adjust to college or vocational school life
5. Student's need for financial assistance

**2019 SCHOLARSHIP APPLICATION**  
**CROCKETT MEDICAL CENTER VOLUNTEERS**

**ELIGIBILITY REQUIREMENTS:**

- 1. HIGH SCHOOL SENIOR IS ELIGIBLE WHO HAS ATTENDED A HOUSTON COUNTY HIGH SCHOOL FOR AT LEAST ONE YEAR.**
- 2. MUST BE GRADUATING IN SPRING OF 2019.**
- 3. MUST BE PLANNING ON A DEGREE OR PROFESSION IN A HEALTH CAREER FIELD.**
- 4. MUST HAVE A "C" OVERALL AVERAGE OR HIGHER IN HIGH SCHOOL.**
- 5. APPLICATIONS MUST BE TURNED INTO THE SCHOOL COUNSELOR NO LATER THAN 3:00 P.M. ON FRIDAY, March 29, 2019, OR HAND-DELIVERED OR MAILED TO: Mrs. Barbara Minton, 1306 Hagan Street, Crockett, TX 75835 BY THIS DATE.**
- 6. A ONE PAGE WRITTEN OR HALF PAGE TYPED ESSAY CONTAINING INFORMATION ABOUT THE APPLICANT'S ACCOMPLISHMENTS IN HIGH SCHOOL, CHURCH, ETC. AND AMBITIONS.**
- 7. A COPY OF TRANSCRIPT (CERTIFIED BY THE SCHOOL WITH GPA. EXCLUDING SPRING SEMESTER OF SENIOR YEAR, ALONG WITH SAT SCORES) MUST BE ATTACHED TO THE APPLICATION.**  
  
**IF THE TRANSCRIPT, ETC. IS NOT ATTACHED TO THE APPLICATION, IT WILL NOT BE ACCEPTED OR PROCESSED.**
- 8. SCHOLARSHIP RECIPIENTS WILL BE CHOSEN BASED ON THEIR APPLICATIONS, GRADES, AND ESSAYS.**

**2019 SCHOLARSHIP APPLICATION  
CROCKETT MEDICAL CENTER AUXILIARY VOLUNTEERS  
STUDENT QUESTIONNAIRE**

**(All blanks must be filled.)**

Name of Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent's Name & Employment:**

Mother \_\_\_\_\_ Employed By: \_\_\_\_\_

Father \_\_\_\_\_ Employed By: \_\_\_\_\_

What do you plan to study or have as your major in college or business school?

What college or vocational school do you plan to attend?

1<sup>st</sup> Choice \_\_\_\_\_

Have you applied? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Have you applied? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

**PLEASE LIST BELOW ANY ADDITIONAL SCHOLARSHIPS YOU ARE APPLYING FOR, OR HAVE ALREADY RECEIVED:**

\_\_\_\_\_ Applied \_\_\_\_\_ Received Amt. \$ \_\_\_\_\_

\_\_\_\_\_ Applied \_\_\_\_\_ Received Amt. \$ \_\_\_\_\_

\_\_\_\_\_ Applied \_\_\_\_\_ Received Amt. \$ \_\_\_\_\_

**LIST ANY AWARDS, ACCOMPLISHMENTS OR HONORS YOU HAVE RECEIVED WHILE IN HIGH SCHOOL:**

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