

ALL SAINTS FOUNDATION
Application for the Mary E. Hamilton Memorial Scholarship
Deadline Monday, January 7, 2019 at Noon

The purpose of this scholarship is to provide financial assistance for education beyond the high school level for a student entering an accredited college/university to pursue a health care related degree

Scholarship Criteria:

1. Scholastically – B average or better
2. Resident of Racine County
3. Economic need
4. Applications for a \$6,000 scholarship (\$1,500 a year for four years) will be received from seniors in Racine County schools who have been accepted for admission to an accredited college/university.
5. In no event shall there be any restrictions based on race, creed, color, or sex of candidates.
6. Applicant must submit six copies of entire application
7. May not be an immediate family member of an officer of All Saints.

Scholarship Procedure:

1. The Scholarship Committee will publicize the existence of this scholarship through the Racine Journal Times and area high school guidance counselors in the fall of each year.
2. If schooling or training is discontinued in the health care field, the obligations of this scholarship will be discontinued.
3. The decision of the Scholarship Committee will be final.

Required Materials for Submission:

- Transcripts showing academic performance in recent High School Coursework
- Typed application (download at <http://www.mywheaton.org/all-saints/give/scholarships-grants/>)
- Six copies of entire application
- Signature of applicant
- All application materials must be received all at once

Please return application and **CURRENT TRANSCRIPT OF GRADES** to:

Volunteers in Partnership with All Saints
Scholarship Committee
3807 Spring Street
Racine WI 53405

Mary E. Hamilton Memorial Scholarship

**VOLUNTEERS IN PARTNERSHIP WITH ALL SAINTS
MARY E. HAMILTON MEMORIAL SCHOLARSHIP**

APPLICANT'S AGREEMENT

The applicant hereby states that she/he has familiarized herself/himself with the eligibility requirements established for the Mary E. Hamilton Memorial Scholarship, and that:

- Her/his qualifications meet the basic requirements for the scholarship and for college entrance.
- She/he intends to abide by all provisions set forth and agrees to accept, as final, the decisions agreed upon by the Volunteers in Partnership with All Saints Scholarship Committee.
- She/he may not be an immediate family member of an officer of All Saints.

Further, the applicant selected agrees not to hold liable the committee as a whole, or its members, or the Volunteers in Partnership with All Saints, to any obligations, financial or otherwise, if it becomes necessary at any time to discontinue said scholarship.

Signature of Applicant

Signature of Parent/Guardian

Date

**VOLUNTEERS IN PARTNERSHIP WITH ALL SAINTS
MARY E. HAMILTON MEMORIAL SCHOLARSHIP APPLICATION**

To the Scholarship Committee:

I hereby apply for the Mary E. Hamilton Memorial Scholarship of \$6,000 (\$1,500 a year for four years) under the rules stated on the supplementary sheet, which I have read and understand, to enable me to attend _____ to enroll

Name of School

_____, 20_____, and declare upon my honor that the following statements are true:

1. Name (Please Print)

HomeAddress _____

Zip Code _____

Phone _____

2. Date of Birth _____

SS# _____

3. High School attended _____

4. Date of Graduation _____

Number in class _____ Rank in Class _____

G.P.A. _____

5. How do you plan to pay for your expenses not covered by this scholarship? (Answer by checking appropriate items or supplying information.)

Mary E. Hamilton Memorial Scholarship

- a) Money furnished by family _____ %
- b) Earnings during summer _____ %
- c) Earnings during school year _____ %
- d) Other (Explain - Special sources of money or ways to earn money)

6. List activities in which you participated while attending high school. (List offices held where applicable.)

7. List any honors you received.

8. What profession do you hope to pursue and reason for selecting that profession?

9. Summarize briefly why you are applying for this scholarship.

10. Work/job experience. Be specific with duties/responsibilities.

11. Areas of special interest - talent, community work, church, volunteering (include hobbies, music, etc.)

12. List names of three (3) non-relatives and their phone numbers who can be contacted by the committee.

13. If I discontinue schooling or training in a health related field, all obligations of this scholarship shall be discontinued.

Date: _____, 20_____.

Signed:

Applicant

Father or legal guardian

Mother or legal guardian

For Scholarship Committee Use Only:

- Signature
- Transcript included
- 6 Copies of Typed Application