



7300 Medical Center Drive
 West Hills, California 91307
 818.676.4000
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New Applicant
 Returning Applicant

Auxiliary – Scholarship Application

School Year 20____ / 20 ____

*Only students attending Calif. colleges are eligible; scholarship given on the basis of **need**.*

Name: _____ Phone: (____) _____

Address: _____ Student Identification No.: _____

High School Attended: _____

Did you graduate? _____ Date: _____

Last School Attended: _____ Date: _____

School you plan to attend this year: _____

Have you been accepted? _____ Major field study: _____

Goal: _____ Projected date of graduation: _____

Will you be enrolled in your major? _____

(Note: Students must be enrolled in their major – NOT taking prerequisites)

If single, provide parents' names, addresses and occupations:

Father: _____

Mother: _____

Are you totally dependent on your parents? _____ What percentage of support do you receive? _____

Number of others dependent on parents: _____ Totally: _____ or Partly: _____

If married, provide spouse's name, address, occupation and approximate income: _____

No. of departed children: _____

Are you employed? _____ If so, where? _____

Do you plan to work during vacations and/or school year? _____

What earning do you expect? _____

Are you applying for other scholarships? _____

References* (Please do not use relatives)

Name: _____ Address: _____

Phone: (____) _____

*In addition, please supply us with **two** written letters of reference on letterhead.

*Previous scholarship recipients, please supply **one** written letter of reference on letterhead.

ALL INFORMATION MUST BE RECEIVED BY MARCH 31. RETURN TO ATTENTION "SCHALARSHIPS – GIFT SHOP."
Notice of recipient of you application will be acknowledged. You will be contacted for an interview if application is accepted.

(Continue on back)

Please give other information about yourself that may be useful to the Scholarship Committee (i.e., an account of the need for scholarship). If you need more room, please use own paper. _____

This Section for Returning Applicants Only

Current School Year:

School: _____ Year: _____

Subjects: _____

Approximate school expenses current year (books, fees, tuition, etc.). **Please itemize and indicate if amounts given are for the SEMESTER or YEAR.**

Coming Fall Semester:

School: _____

Expected school expenses upcoming semester (books, fees, tuition, etc.). **Please itemize and indicate if amounts given for SEMESTER or YEAR.**

Has your marital status changed? _____

Estimate income: _____
Source: _____

Present Goal: _____
Estimate years to reach goal: _____