



THE TRUMBULL MEMORIAL HEALTH FOUNDATION SCHOLARSHIP APPLICATION

SCHOLARSHIP INSTRUCTIONS AND REQUIREMENTS

A supporting organization of the Community Foundation, TMHF supports healthcare needs and education of Trumbull County residents. Applicants must meet the following requirements for consideration:

- Must be a Trumbull county resident.
• Courses must be taken for credit.
• Cumulative GPA must be 3.0 or higher.
• Must be pursuing a degree or certification in a healthcare field at an accredited institution. Awards will be paid directly to the school.

PERSONAL AND EDUCATION INFORMATION

Name

Address

Phone Number Email

Past Recipient of a TMHF Scholarship? [ ]NO [ ]YES List year and amount

High School Attending/Attended

Graduation Date High School GPA

College/University Attending

Major Degree Pursuing

University GPA if Applicable Anticipated Graduation Date

Enrollment Status

[ ]Full Time [ ]Part Time Estimated Tuition Expenses for Upcoming Year \$

SUBMISSION DIRECTIONS

Complete this form in its entirety, and attach the following information, in order as listed. Each item must be numbered to correspond with the list below, and each page must include your first and last name on the top right corner.

- 1. Most recent transcript
2. List of scholastic honors or awards you have earned.
3. List of extracurricular activities you are CURRENTLY involved in.
4. List of work and/or volunteer experience.
5. A statement of financial need. This should outline how you intend to pay for college (such as scholarships, grants, loans, family/personal contribution), any difficulties you are having covering education related expenses, and how the scholarship will benefit you financially.
6. A copy of the first page only of your Student Aid Report (SAR) showing your Estimated Family Contribution. [The Student Aid Report (SAR) is the report that is sent to students who have completed the Federal Application for Student Aid (FAFSA)].
Essay Responses: Each response should be 500 words or less.
7. Please tell us why you are pursuing your current healthcare degree?
8. How would this scholarship benefit you?

APPLICANT SIGNATURE

In signing this application, I certify that the information given is complete and correct to the best of my knowledge.

Signature Date

Completed applications must be submitted by mail or email to the Community Foundation of the Mahoning Valley no later than March 1, 2020. 201 E Commerce Street, Suite 150, Youngstown, OH 44503 or tpollock@cfmv.org