

# Southern Ohio Medical Center

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*Very* Good things are happening here

## FRIENDS OF SOUTHERN OHIO MEDICAL CENTER SCHOLARSHIP APPLICATION INSTRUCTIONS

### TO THE APPLICANT:

- » The applicant must be enrolled as a full-time student in a field of study leading to an Associate Degree or higher in a course of study not to exceed four (4) years in a health-related field.
- » A transcript of credits including class standing must accompany applications.
- » If you have an SOMC connection, please explain what that connection is. The connection must be you, a parent, a guardian or a spouse.
- » The students selected will receive \$1,000 per school year payable \$500 each for the fall and winter semesters.
- » Applications must be received by April 1, 2012.

### MAIL APPLICATION TO:

Friends of Southern Ohio Medical Center  
Attn: Jennifer Schackart  
1202 18th Street  
Portsmouth, Ohio 45662

# FRIENDS OF SOUTHERN OHIO MEDICAL CENTER SCHOLARSHIP APPLICATION

## Tell us about yourself:

Name \_\_\_\_\_  
(last) (first) (middle)

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Have you applied to a school to study in the Allied Health Field? \_\_\_\_\_

What Field? \_\_\_\_\_ Name of School \_\_\_\_\_

Is your most recent transcript attached to this application? \_\_\_\_\_

## Tell us about your family:

Father's Full Name (if he is living) \_\_\_\_\_

Home Address \_\_\_\_\_

For whom does your father work? \_\_\_\_\_

Mother's Full Name (if she is living) \_\_\_\_\_

Home Address (if not listed above) \_\_\_\_\_

For whom does your mother work? \_\_\_\_\_

Siblings (if you have any) \_\_\_\_\_

Spouse (if married) \_\_\_\_\_

Children (if you have any) \_\_\_\_\_

Do you or your relatives have any connection to SOMC? \_\_\_\_\_

If yes, what is their name and department? \_\_\_\_\_

## Tell us about your work experience:

List the jobs (including summer jobs) you have held in the past four years

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## Tell us about your education:

List in chronological order all the schools attended in the last five years

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## Tell us about any scholastic distinction or honors that you have won:

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## Tell us about your extra-curricular or community activities:

Examples: Student government, dramatics, band, Boy or Girl Scouts, club, church, civic organizations, etc.

Activity	Approx. Dates	Hours per Week	Describe Your Participation
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**CONT: Tell us about your extra-curricular or community activities:**

Activity	Approx. Dates	Hours per Week	Describe Your Participation
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**Please tell us why you are applying for this scholarship:**

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**Please use this space to explain what first interested you in a health care career and why you want to pursue this career:**

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Applicant's Signature

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Date

Deadline to apply: April 1, 2012

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