

**LOGAN REGIONAL MEDICAL CENTER AUXILIARY SCHOLARSHIP APPLICATION**  
**APPLICATION DEADLINE IS JULY 15TH**

Date of Application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Name of Logan County high school and year of graduation: \_\_\_\_\_

What is your GPA? Upon Graduation: \_\_\_\_\_ **OR** Current: \_\_\_\_\_ (please provide a transcript)

What healthcare field have you been accepted into? \_\_\_\_\_

**This is a financial needs-based scholarship. The decision to grant this scholarship is based solely on the financial need of the applicant.**

Which school (please check):

Southern West Virginia Community and Technical College \_\_\_\_\_

Ralph R. Willis Vocational School \_\_\_\_\_

Please provide two personal references, such as an instructor/teacher or minister:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Southern West Virginia Community and Technical College and/or Ralph R. Willis Vocational School and Logan Regional Medical Center Auxiliary to verify all information contained in this application. Any institution, agency, or individual may release information to the College or Auxiliary for verification and/or publicity purposes. I give permission for my name and/or picture to be used for publicity purposes. It is my responsibility to inform the Financial Aid Office Staff or the Chairperson of the Auxiliary Scholarship Committee of any scholarships, grants, or waivers received by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A GRANT OR SCHOLARSHIP FROM ANY OTHER SOURCE MAY VOID THIS SCHOLARSHIP. THIS INCLUDES PELL GRANT.**