

**Student Application for
MCLEOD MEDICAL CENTER DILLON AUXILIARY ; CHELLIS ELLIS AND
DAVID H. SHUTTLEWORTH SCHOLARSHIP**

Attach a small, recent
photograph. Photograph
will not be returned.

Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____

Place of Birth _____

Sex: M__ F__ Married: Yes __ No __

Any health problems: _____

_____ Phone # _____ Social Security # _____

Family Information

Father (Living __ Deceased __) Mother (Living __ Deceased __)

Full Name _____ Full Name _____

Occupation _____ Occupation _____

Married __ Separated __ Divorced __ Living together _____

How many brothers have you? Older _____ Younger _____

How many sisters have you? Older _____ Younger _____

List other members of family who are in college or technical schools, and their
class year: _____

Number of people dependent on your parents for support _____

Parents combined annual gross income before taxes _____

Home: Paid for __ Renting __ Buying __

Regular monthly payments made by parents: Home __ Car __ Other __

Describe any special financial problems facing your family: _____

Your Financial Status:

Amount of money you have in reserve _____

Your present job earnings _____

Your anticipated summer earnings _____

Estimate the total amount needed for the school year. (Include tuition, room and board, books, etc.) _____

How much can your parents contribute toward these expenses? _____

List all the places you have worked, the positions you have held, and the dates of employment: _____

Scholastic Information

High Schools Attended:

Name	Address	Dates
_____	_____	_____
_____	_____	_____

Present school and date of graduation: _____

Name of guidance counselor at that school and telephone number: _____

College Board Score _____ Rank in Class: _____ in class of _____

School Activities

List all activities including sports, clubs, organizations, honors, and offices held. Attach an extra sheet, if necessary.

Church Activities

(List all activities, leadership positions, and honors.)

Community and Other Activities

(List all activities, leadership positions, honors such as Scouts, charity drives, community sports, etc.)

What health occupation are you planning for your life's work? _____

What especially appeals to you about your choice? _____

Name of school or college to which you have been admitted: _____

Address of school _____

Attach the following to this application:

1. Your High School transcript, estimate of class standing, and letter of recommendation from your guidance counselor.
2. Score of SAT test, if not included in transcript.
3. Copy of acceptance letter from college or school.

Applicant's Signature _____

Parent's Signature _____

Address of Parent (if different from Applicant)

IMPORTANT:

Return all material to your High School Guidance Counselor by March 23, 2018

In order for this application to be considered, the application and all requested information must reach the Selection Committee by **March 30, 2018**

All applicants will be notified in writing of the Selection Committee's decision.

**Student Application Requirements for
MCLEOD MEDICAL CENTER DILLON AUXILIARY ; CHELLIS ELLIS AND
DAVID H. SHUTTLEWORTH SCHOLARSHIP**

(Please place a check beside all the applications you are interested in applying for)

_____The David H. Shuttleworth Scholarship \$1,000 presented by the McLeod Medical Center Dillon Advisory Board, and requires that the student plan to pursue a career in a health occupational field.

_____The McLeod Medical Center Dillon Auxiliary Scholarship \$1,000 presented by the McLeod Medical Center Dillon Auxiliary, and requires that the student plan to pursue a career in a health occupational field. This Scholarship will be dispensed at the rate of \$500 per semester.

_____The Chellis Ellis Scholarship, which is presented by the McLeod Medical Center Dillon Auxiliary, for \$1,000. This scholarship will be dispensed at the rate of \$500 per semester. It is intended only for students who have been accepted for an Associate Degree of Nursing or BSN Program at a college or university in the State of South Carolina.