

**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: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Phone # \_\_\_\_\_ Secondary 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
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\_\_\_\_\_

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.)

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

What especially appeals to you about your choice? \_\_\_\_\_

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

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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)

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**IMPORTANT:**

**Return all material to your High School Guidance Counselor by March 29, 2019**

In order for this application to be considered, the application and all requested information must reach the Selection Committee by **April 05, 2019**

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.

**\*\*For contacting purposes please make sure to provide at least two phone numbers, and an up to date E-Mail Address when completing the application.**