



HOSPITAL FOUNDATION, INC.

P.O Box 490 • Red Bay, AL 35582 • (256) 356-9532

SCHOLARSHIP APPLICATION

The Dempsey Foundation seeks to assist in providing an opportunity for higher education to individuals in the communities we serve, and in that regard, is committed to educating and retaining qualified professionals to serve Northwest Alabama.

*Scholarship Awards are \$2,000.00 per year.

*Application deadline is **April 15th** (to be considered for the following academic year).

*Scholarship Awards will be based on need and G.P.A.

DEMPSEY SCHOLARSHIP RECIPIENTS MUST:

...be enrolled as a full time student (at least 12 hours)

...be in good academic standing

...meet renewal criteria (i.e. GPA)

...reside in Franklin, Colbert, Tishomingo, or Itawamba Counties

Instructions: Complete ALL items. Write "n/a" in items which do not apply to you.

Applicant Name _____ SSN _____
Last First MI

Home Address _____
Street/Route City State Zip

Home Phone (_____) _____ County _____

College applying to, accepted to, or now attending:

INSTITUTION:	PHONE:
ADDRESS:	FAX:

College Classification (Check All That Apply)

- | | | |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> New Freshman | <input type="checkbox"/> Continuing Freshman | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> New Transfer | <input type="checkbox"/> Continuing Transfer | <input type="checkbox"/> Special |
| <input type="checkbox"/> Sophomore | <input type="checkbox"/> Junior | |
| <input type="checkbox"/> Senior | <input type="checkbox"/> Graduating Senior | |

Date of Full Admission _____ Semester _____ Year _____

College Cumulative GPA _____ Anticipated Graduation Date _____

Major(s) _____

Minor(s) _____

Career Goals(s) _____

COLLEGE ENTRANCE EXAM SCORES

American College Test (ACT)

Scholarship Aptitude Test (SAT)

Composite Score _____

Verbal and Math _____

PRIOR COLLEGE ATTENDED

Transfer Institution _____ Graduation Date _____

Institution Address _____
Street/Route City State Zip

Institution Phone (_____) _____ Advisor _____

Overall GPA _____ Semester Hrs _____ Quarter Hrs _____

Major(s) _____ Minor(s) _____

HIGH SCHOOL ATTENDED

Name _____ Graduation Date _____

Address _____
Street/Route City State Zip

Telephone (_____) _____ Counselor _____

Overall GPA _____ Class Rank/Size _____ / _____

Please attach Official High School Transcript

HONORS AND AWARDS *Check all you have received.*

Phi Theta Kappa

National Honor Society

Beta Club

Honor Society

Valedictorian

Salutatorian

Honor Graduate

ACTIVITIES AND LEADERSHIP

Check the activities in which you have actively participated. You may enclose a résumé.

Athletics

Church Related

Student Council

Cheerleading

Band

Choral

Clubs

Civic/Community

Other _____

Note your leadership experience, including offices you have held in these activities:

FINANCIAL DATA

Previous Year Household Income: _____ *Please enclose first page of Income Tax Return.*

Number of persons in household: _____

Number of siblings in grade school: _____ Number in college: _____

Were you employed during your senior year of high school? _____

Will you be employed while in college? _____

LIST ALL FINANCIAL ASSISTANCE FROM GRANTS, SCHOLARSHIPS, ETC.

Name	Amount	Awarded Annually? (yes or no)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

HAVE YOU APPLIED FOR FINANCIAL AID AND HAVE NOT RECEIVED NOTICE?

YES _____ NO _____ Name of Aid: _____

Amount of Aid: _____

Statement of Qualifications & Need

Let the Scholarship Committee know why you may be especially deserving of the Dempsey Foundation Scholarship. Take pride in your statements and **please observe standard business composition form and style.**

Explain your unique qualifications for a scholarship (*any special family circumstances*).

ALL APPLICANTS MUST SIGN HERE

I affirm that all the statements made in this application are true to the best of my knowledge.

Signature

Date

DID YOU REMEMBER TO:

- Attach Official High School Transcript
- Enclose first page of redacted Income Tax form
- Attach résumé (optional)
- Sign and Date application

PLEASE RETURN COMPLETED APPLICATION TO:
Dr. Walker Dempsey Hospital Foundation, Inc.
P.O. Box 490
Red Bay, AL 35582
(256) 356-9532

