

BAPTIST HEALTH Schools Little Rock
2010-2011 Foundation Scholarship Application

Complete applications must be submitted to the BHSLR Financial Aid Office by **Friday, May 21, 2010**

NOTICE TO APPLICANTS
Award amounts are subject to availability of funds and contingent upon recipients being in good standing with BHSLR. The program is competitive and students must submit **ALL** information requested below. Incomplete applications will not be considered. As a scholarship recipient, you will be expected to send a thank you note to the donor of your scholarship via the BAPTIST HEALTH Foundation Office.

PERSONAL INFORMATION (PLEASE PRINT LEGIBLY)

Last Name	First	Social Security No.
Street Address		BHSLR Student ID
City	State	ZIP
E-mail Address		Phone #
Date of Birth		Drivers License #

PROGRAM ENROLLED

Please check the program and semester are in starting in the 2010-2011 academic year.

<input type="checkbox"/> RN Traditional (3 Year Program) _____ Pre-Professional _____ Fresh/Soph _____ Junior/Senior	<input type="checkbox"/> RN Express (2 Year Program) _____ Fresh/Soph _____ Junior/Senior
<input type="checkbox"/> RN Accelerated (1 Year Program) _____ Junior _____ Senior	<input type="checkbox"/> PN _____ Fresh/Soph _____ Junior/Senior
<input type="checkbox"/> Histotechnology	<input type="checkbox"/> Medical Technology
<input type="checkbox"/> Nuclear Medical Technology	<input type="checkbox"/> Sleep Technology
<input type="checkbox"/> Surgical Technology	
<input type="checkbox"/> Radiography _____ Year 1 _____ Year 2	<input type="checkbox"/> OTA _____ Year 1 _____ Year 2

PROGRAM ENROLLED

Have you completed a FAFSA? YES <input type="checkbox"/> NO <input type="checkbox"/>	NOTE: All scholarship applicants must complete a FAFSA to be considered for an endowed scholarship. FAFSA may be completed at www.fafsa.ed.gov . BHSLR School Code is 031052.
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Please list source and amounts of all scholarships, awards, grants, etc. you EXPECT to receive from BAPTIST HEALTH or other sources for the upcoming semester.	Please list all honors or awards you have received and/or any volunteer or community involvement with which you participate.
Source	Amount

REQUIREMENT: Provide the Scholarship Committee with a two or three paragraph essay that you feel supports your application. Examples would include statements of goals, statements of need, etc.

DISCLAIMER

I hereby give the BAPTIST HEALTH Schools Little Rock Scholarship Committee, and those acting on its behalf, permission to examine my transcripts, discuss my application with appropriate BHSLR staff, and review my financial records held by the BHSLR Financial Aid Office should this be pertinent to my scholarship application. I also hereby declare that the information on this application is accurate to the best of my knowledge.

Signature	Date
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