

*DMC Auxiliary Scholarship*  
**2024 Scholarship Application**  
**POSTMARK DEADLINE April 26, 2024**

**Biographical and Background Information**

Name \_\_\_\_\_

Home Address (permanent) \_\_\_\_\_

School Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

Parents' Names \_\_\_\_\_

How will you pay for your college education? (Explain any additional scholarships, parental assistance, work study, financial aid, personal income and work, projects.)

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**Section 3 – Personal Statement – Career goals in healthcare (15 pts.)**

Describe your interests and career goals for the future, including why you decided to major in a healthcare related field.

**Section 4 – Briefly, describe why you would be a good recipient for the 2024 DMC Auxiliary Scholarship – (15 pts)**

## Photo Consent Release

If I am selected as a scholarship recipient, I give my permission for an employee for Dorminy Medical Center to take photographs, tape or films and/or to interview the scholarship applicant for broadcast and/or publication purposes.

I relieve and hereby agree to hold the hospital and its agents and employees free and harmless from any and all liability arising out of the photographs, films, tapes or interviews. Since anyone can copy an image or statement from the Internet or make copies from printed materials, I agree that Dorminy Medical Center and its agents and employees are not responsible for unauthorized use of the images or statements. I am aware that I am not entitled to any compensation and that the images and statements may appear with or without my name.

By signing below, I acknowledge I have read and understand this release.

Signature: \_\_\_\_\_  
(Subject or parent/guardian)

Print Name: \_\_\_\_\_

## Student's Certification

I declare that the information reported is true, correct, and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_