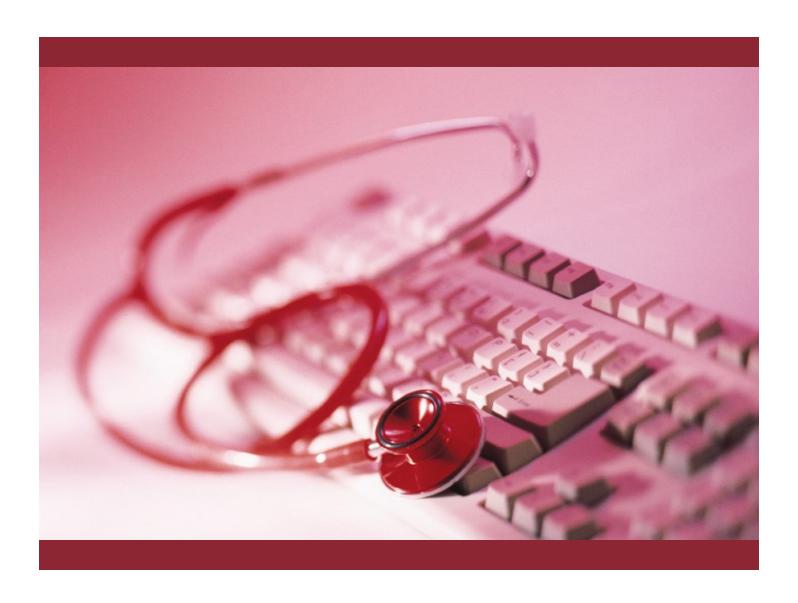
## 2020 Richard J. Bausch Family Scholarship Application



Administered by the



## **Applicant Requirements & Award Parameters**

- Must be a pre-professional Health Sciences student, in good standing, enrolled in a community/technical college or university program.
- Must be a resident of an Appalachian county as defined by the federal government.
- At least one recipient will be selected annually, based on application, with a minimum of \$1,000 per award (per available funds) for tuition, books and fees.

Date						
Home Phone ( )_		Ce	ell Phone(  )			
Home Address						
Business Name (if cu						
Occupation		Business Phone ( )				
Business Address _						
Hometown	Graduated fr	om	High School	in County		
ls anyone dependent	on you for financial supp	ort? Yes N	o			
If so, list them and the	e extent of support you pr	rovide:				
services, Veterans Ad	ministration, inheritance	aid or scholarships from , business firms or organ	izations, etc.? Yes _			
	erning current or last sch	. ,				
Name of school	City & State	Date entered	Date left	Diploma/degree		

Please attach a grade transcript from current or most recent school attended. If a transcript is not attached, please attach an explanation and list last year's grades.

List any special offices, awards, honorary societies, or extracurricular/service activities that you feel are important.						
What school are you	attending or planning to	o attend?				
Date school begins		What is your major?				
When will you graduate?		Number of hours accumulated toward your degree				
Which Health Science	es profession do you in	tend to pursue?				
Please ask three peo them with this form.		e teachers, employers, clergy, etc.) for a letter of reference and enclose				
Please list your emplo	pyment history beginnir	ng with your most recent employer.				
Company name		Your duties				
Address						
Starting date	Date left	Reason for leaving				
Company name		Your duties				
Address						
Starting date	Date left	Reason for leaving				
Company name		Your duties				
Address						
Starting date	Date left	Reason for leaving				

Please include on separate paper why you want to pursue your chosen career. Include any information that you would like the Richard J. Bausch Family Scholarship Committee to know about you, your experience, your interests and hobbies. Also include your thoughts on how your Health Sciences profession could serve others in Appalachia and how you envision yourself functioning in such a career. (*Please limit narrative to two pages.*)

Would you be willing to app	ear before the Richard J. Baus	ch Family Scholarship Committe	ee?
Yes No			
Please complete your budg	et for one school year:		
Tuition & fees		Personal savings	
Books & materials		Earnings during summer	
Room & board		Aid from parents/guardian	
Lunches & travel		Aid from other relatives	
Installment debt		Scholarships	
Other expenses (itemize)		Other resources (itemize)	
Total expenses		Total resources	
	Difference needed		
Applicant:			
I certify that all information բ Committee to contact any e	orovided on this application is c mployer or reference listed on t	omplete and correct and permit his application.	members of the Scholarship
Date	Signature		

This application must be returned by Friday, May 22, 2020, to Tom Lewis, St. Claire Foundation Executive Director, in one of the following ways:

## Your Application Packet should include:

- Personal cover letter
- Completed Application Form
- Three reference letters
- Official grade transcript

- Via mail at 222 Medical Circle, Morehead, KY 40351
- Via fax at (606) 783-6795
- Hand deliver to the St. Claire Foundation Office, 227 Allen Avenue, Morehead, KY

If you have questions, please contact Tom Lewis via email at telewis@st-claire.org or by phone at (606) 783-6511.