

# 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 \_\_\_\_\_

Name \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Business Name (if currently employed) \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone (     ) \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Hometown \_\_\_\_\_ Graduated from \_\_\_\_\_ High School in \_\_\_\_\_ County

Is anyone dependent on you for financial support? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, list them and the extent of support you provide: \_\_\_\_\_  
\_\_\_\_\_

Are you eligible or have you received financial aid or scholarships from other sources, such as government rehabilitation services, Veterans Administration, inheritance, business firms or organizations, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify sources and amounts: \_\_\_\_\_  
\_\_\_\_\_

Give information concerning current or last school(s) attended:

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.

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What school are you attending or planning to attend? \_\_\_\_\_

Date school begins \_\_\_\_\_ What is your major? \_\_\_\_\_

When will you graduate? \_\_\_\_\_ Number of hours accumulated toward your degree \_\_\_\_\_

Which Health Sciences profession do you intend to pursue? \_\_\_\_\_

**Please ask three people (you may include teachers, employers, clergy, etc.) for a letter of reference and enclose them with this form.**

Please list your employment history beginning with your most recent employer.

Company name \_\_\_\_\_ Your duties \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Date left \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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Company name \_\_\_\_\_ Your duties \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Date left \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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Company name \_\_\_\_\_ Your duties \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Date left \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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**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 appear before the Richard J. Bausch Family Scholarship Committee?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please complete your budget 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)	_____
	_____		_____
	_____		_____
	_____		_____
<b>Total expenses</b>	_____	<b>Total resources</b>	_____

**Difference needed** \_\_\_\_\_

Applicant:

I certify that all information provided on this application is complete and correct and permit members of the Scholarship Committee to contact any employer or reference listed on this application.

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](mailto:telewis@st-claire.org) or by phone at (606) 783-6511.**