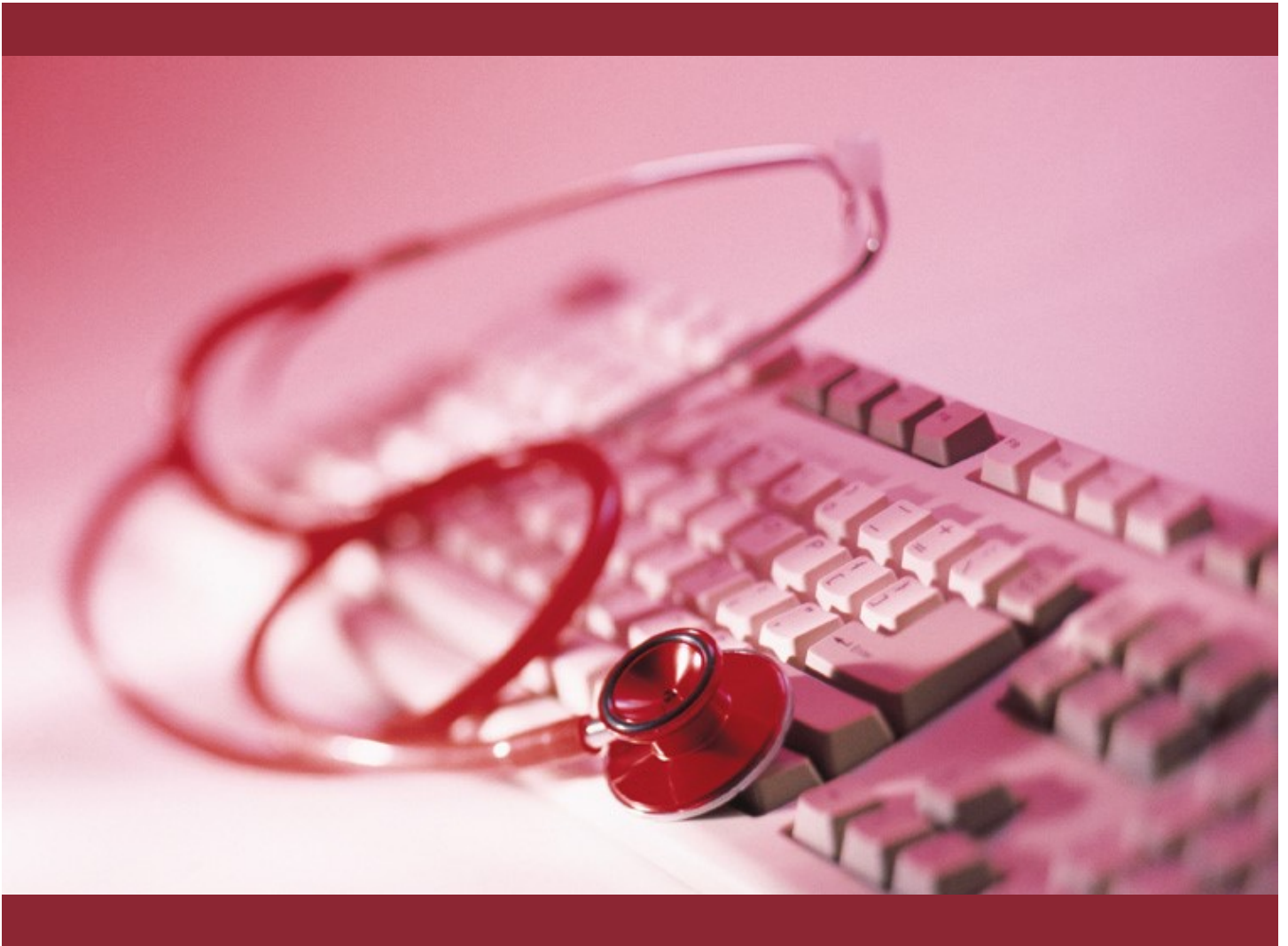


2021 Richard J. Bausch Family Scholarship Application



Administered by the St. Claire Foundation



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.

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 _____

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 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)	_____
	_____		_____
	_____		_____
	_____		_____
Total expenses	_____	Total resources	_____

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 21, 2021, 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.