

Faustena "Frosty" Haas Health Care Scholarship

2017-2018 school year

This scholarship was established to honor the life of Frosty Haas. This scholarship is available to any post-secondary student studying health care; however, greater weight will be given to students studying direct patient care, oncology, nursing, radiology or chemotherapy. This scholarship is renewable. Applicants must have a cumulative GPA in the prior quarter or semester of 2.5 or greater on a 4.0 scale to be considered for renewal.

PERSONAL INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

School: _____
(Grade Point Average: _____ (Student must have at least a 2.5 un-weighted GPA)

Telephone: _____ Email: _____

FINANCIAL RESOURCES

Mother's Name: _____ Employer/Title _____

Father's Name: _____ Employer/Title _____

Where is your Primary Home (with whom do you live?): Both Parents in same home
 Mother's home Father's home
 Guardian Independent*

*For purposes of this application, to be considered independent you must be at least 18 years of age and have been living in your own residence, at your own expense, apart from your parents and/or guardian for at least twelve consecutive months.

List all scholarships for which you have applied and their status (i.e. pending, awarded \$1000, denied):

Why do you want to start a career in health care?

What is (was) your favorite subject in school? _____

Have you had a family member affected by cancer? _____

ADDITIONAL MATERIALS

1. You must provide the following documents:
 - A. Official transcript from your high school, verifying your GPA, class rank, and test scores.
 - B. Official transcript from your undergraduate school, verifying your GPA, class rank, and test scores.
 - C. Copy of your Free Application for Federal Student Aid (or FAFSA Student Aid Report).
2. Write an essay **not to exceed one-page** discussing your involvement in your community, and your volunteer work.

Please follow all directions closely. Failure to provide any requested information will result in automatic disqualification.

Applicant's Signature

Date

Parent's Signature (if applicant is a minor)

Date

Submit your application and supporting materials to:

**Marietta Community Foundation
100 Putnam Street
P.O. Box 77
Marietta, OH 45750**

**All parts of your application must be received by 4:00 p.m. on
Monday, April 3, 2017.**