



SCHOLARSHIP APPLICATION FORM

Student to complete pages 1-3.

Guidance counselor to complete page 4 and submit with student's transcript and application.

Application must be postmarked by April 19, 2019.

DATE: _____

APPLICANT'S NAME: Mr. ___ Ms. ___ _____

ADDRESS: _____

1. Other children in the family, with ages, and present occupation or position in school:

2. University/College/School to which you have been admitted and plan to attend:

3. Length and type of education planned:

4. Estimated annual expenses of planned education or training (Room, Board, Tuition, Fees, Plus \$500) for freshman year:

5. How do you plan to finance your first year? Be exact such as:

- a. Parents will pay \$ _____
b. Scholarships \$ _____
c. Other financial aid (Pell, Tap, Etc.) \$ _____
d. Summer and part-time earnings \$ _____
e. Your own savings \$ _____
f. What you plan to borrow \$ _____
g. Other: (Explain) \$ _____

Signature of Student



STUDENT RESUME

Name: _____

Address: _____

Contact Info: Home #: _____

Cell #: _____

E-Mail: _____

Career Interest: (refer to Page 3) _____

Attach your personal portfolio or resume if available. Only answer the following questions not included in your portfolio.

Academic Achievements (Example: High honor roll 9, 10, 12)

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-

School Related Organizations/Athletics (Example: Robotics Club 9, 10)

-
-

Community and Service Activities (Example: Hospital Volunteer 6/15-8/15, 93 hours)

-
-

Recognition and Awards (Example: All-County Band 10)

-
-

Work Experience (Example: Wegmans 9/15-present, 18 hours per week)

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-

Recreational Interests including awards if competing (example: Alpine skiing at Empire State Games)

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CAREER INTEREST

Listed below are some suggested areas of study that would qualify a student for the Thompson Health Guild Scholarships.

Circle one that best matches your intended choice of study.

Bio-medical Engineer/Scientist	Occupational Therapy Assistant
Dental Hygienist	Optometrist
Dentist	Pharmacist
Dietician	Physical Therapy
Health Care Administration	Physical Therapy Assistant
Laboratory Technician	Physician
Massage Therapy	Physician's Assistant
Medical Secretary	Physiologist
Nurse	Speech Therapy
Nurse Practitioner	Sports Medicine
Occupational Therapy	X-Ray Technician
Other Category:	

NOTE: Scholarships will be presented to the winners at Thompson Health Guild's annual dinner, typically held in June. Should you be selected, you will be notified of event details.



GUIDANCE COUNSELOR'S FORM

Student's Name: _____

High School: _____

Grade Point Average: _____

Class Rank (if school ranks students): _____

COMMENTS (attachments accepted):

Signature: _____

Name: _____

Date: _____

Phone: _____

Email: _____

NOTE: Guidance counselor must submit the following in one envelope:

1. Student's completed application form (pages 1-3)
2. Guidance counselor's form (page 4)
3. Student's High School's transcript with official seal
4. Student's SAT and/or ACT scores
5. Student's Advanced Courses (AP)
6. Student's senior year courses and marks that have been posted

Applications must be postmarked by April 19, 2019 and mailed to:

Carol S. Urbaitis
Thompson Health Guild Scholarship Committee
Finger Lakes Community College
3325 Marvin Sands Drive
Canandaigua, NY 14424