## Flaget Memorial Hospital Auxiliary

## **Scholarship Program**

Dear Student,

Thank you for your interest in the Flaget Memorial Hospital Auxiliary Scholarship Program.

Enclosed is an information packet that includes an application and a record of your activities and awards. Please remember this scholarship program is available to graduating seniors who are interested in pursuing careers in the medical field.

The following information will be needed from you:

- 1. The completed application form by April 11, 2025. MAIL EARLY.
- 2. A typewritten letter of **100 words or less** stating why you deserve this scholarship.
- 3. Two letters of recommendation from people not related to you.
- 4. A copy of your high school (9-12 grades) transcript.
- 5. Completed form stating your extracurricular activities, awards, and any other scholarship or financial aid opportunities.
- 6. Copy of the letter verifying your acceptance to a college/school **and** your college/school student ID #.

Mail the completed application including all the above information to:

Bonnie Cecil, Scholarship Chairperson

56 Mill Creek Lane

Bardstown, KY 40004

502-507-4808 (call or text)

## **Flaget Memorial Hospital Auxiliary**

## \$1000 Scholarship Application Form

Requirements: You must have a 3.0 GPA to apply, and you must be pursuing a career in the field of medicine.

1.	Name			
2.	Address	City	zip	
3.	Best telephone number to be reached			
4.	College or school you will be attending			
5.	Attach a letter of acceptance into the college/school you are attending include your student ID #.			
6.	Attach a copy of your high schoo	l transcript.		
7.	Field of medicine			
8.	Complete attached form listing a opportunities.	ctivities, awards,	and other scholarship/financial aid	
9.	Attach a typewritten letter of <b>10</b> 0 scholarship.	<b>0 words or less</b> s	tating why you deserve this	
10.	). Submit two letters of recommen	dation: one from	school and one from a community	

- Source.

  11. Application must be completed and received by the Scholarship Chairnerson no later
- 11. Application must be completed and received by the Scholarship Chairperson no later than **April 11, 2025.**
- 12. Mail application to:

Bonnie Cecil Scholarship Chairperson 56 Mill Creek Lane Bardstown, KY 40004 502-507-4808

13. Notification of awards will be made by May 15, 2025.

EXTRACURRICULAR ACTIVITIES		
List clubs, church, social groups or other		
extracurricular activities in which you have	Describe the amount of time	Indicate the offices or
participated.	spent in each (* hours).	leadership positions held.
ACADEMIC AWARDS, HONORS, AND SCHO	LARSHIPS	
Name awards, honors and scholarships.	Year(s) awarded	