



2024 Scholarship Application

All applications must be typed.

Student Data

Name:

Last First Middle

Home Address:

Street City State Zip Code

Telephone Number:

(____) _____ (____) _____

Mobile Home

Student Email Address:

College Choice

What College or University will you be attending?

Name	Location	Major	Accepted (Y or N)

Additional Comments:

High School Activities

Specify the part you have played in high school activities, such as school offices held, athletics, honor society, etc.

Activity	Position Held	Hours Spent Per Week	Years of Participation

Extracurricular Activities

Specify the part you have played in organized out-of-school activities, such as civic/volunteer work, Boy/Girl Scouts, church activities, employment, etc.

Activity	Position Held	Hours Spent Per Week	Years of Participation

What have been your favorite hobbies and recreational activities? Please list any awards you have received in connection with them.

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College Objectives and Goals

What are your educational objectives, long range goals and why have you selected them?

Essay

Sell yourself. Why are you the most appropriate and deserving recipient of The Dr. Rosalinda Maraya Scholarship?

(300 word essay limit)

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I certify that all the statements contained in the foregoing application are true and correct and that I believe myself eligible to apply for a scholarship under the provision and conditions of The Dr. Rosalinda Maraya Scholarship Program at Houlton Regional Hospital.

Signed

Dated