The Frederick Health Auxiliary Application Form

NAME IN FULL	-	
COMPLETE MAILING ADDRESS,		
INCLUDING CITY, STATE, AND ZIP CODE		
HOME PHONE NUMBER		
CELL PHONE NUMBER		
E-MAIL ADDRESS		
HIGH SCHOOL		
CAREER CHOICE/INTENDED MAJOR		
(BE SPECIFIC)		
CHOSEN COLLEGE (IF KNOWN)		
FULL-TIME COLLEGE START DATE		
MONTH AND YEAR		

Application Packet MUST include:

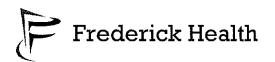
- the completed application form
- personal résumé (include extra-curricular/community activities, volunteer service, and employment experiences)
- an official high school transcript, including grades from the 2023 Fall semester
- SAT and/or ACT scores (optional)
- an essay, including your goals in a health-related field, insights and experiences gained through your volunteer service, and how being awarded this scholarship would be of benefit to you (500-word maximum)
- complete and submit signed documentation of volunteer hours (if earned through an organization other than the Frederick Health Jr. Volunteer Program), one Volunteer Hours and Community Service Record form per organization

Email completed application packet with attachments to:

bwalters@frederick.health

Do not use Google Docs or place documents in a zip file.

APPLICATIONS MUST BE EMAILED BY MARCH 15, 2024



Frederick Health Auxiliary 400 W. 7th Street Frederick, MD 21701

240-566-3567

VOLUNTEER HOURS AND COMMUNITY SERVICE RECORD

Please complete a separate form for each different outside organization.

Student Name		D	Date	
tudent's Signature _				
ommunity Organiza	tion Information:			
ame				
ddress				

Date of Service	Hours Completed that Date	Date of Service	Hours Completed that Date	
Date of Service	nours completed that Date	Date of Service	nours completed that Date	
,		Total Hours		
•	ents: Please include your assessme f work, and attendance	ent of the student's con	nmitment to your	
upervisor Phone	Supervisor Email			