

**CENTRAL CAROLINA HOSPITAL AUXILIARY
FLORENCE B. HARRIS SCHOLARSHIP APPLICATION**

PRINT

Full Name: [First, Middle, Last]

Permanent Address:

Email address: _____

Telephone: (h) _____ (c) _____ (w) _____

HOW LONG EMPLOYED BY CCH: _____

Name of department you currently work in: _____

Previous departments worked in: _____

EDUCATIONAL RECORD

High School: _____ Year graduated: _____

GPA: _____ Honor/Award received? _____

College currently enrolled in (or intends to enroll in):

Address: _____

Student ID#: _____ and/or last four digits of Social Security Number _____

Intended Degree: _____ Anticipated Graduation Date: _____

Number of semesters already completed: _____

Other financial aid applied for and/or received? _____

Previous College/University Attended: _____

Graduation Date: _____ Degree received _____

GPA: _____ Award/Honor received? _____

INTERESTS OR HOBBIES:

COMMUNITY ACTIVITIES:

REFERENCES: Please submit two (2) letters of recommendation with this application. (One letter should be from your department director or supervisor).

HELP US GET TO KNOW YOU: Write a paragraph addressing the following points:

- Why have you chosen your profession
- Your personal and professional goals

Applicant's Signature Date

Dept. Director/Supervisor Date