Marge Swanson Mission Hospital Laguna Beach Award

Subject/Category: CAREER EMPHASIS

General Info: This award was established in the early 1970's to encourage students in the neighboring high schools to pursue careers in the medical field. The Auxiliary is a volunteer organization involved in the help of the day-to-day operations of the hospital. The award funds come from the Auxiliary membership dues.

Scholarship recipients may apply for an additional scholarship upon acceptance into medical school. Applicants must have academic accomplishments, proven interest in preparing themselves for a medical related career and a financial need.

Amount of Award:	\$2,500.00	Non Renewable
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Application Pr	ocess: (Submit by using the Supplemental Scholarship Application Form.)	
Target Recipien	ts: Senior showing strong academic success with plans to attend four year college to study medicine.	
Financial Need:	 If Checked: 1. Complete Section 12 of the LBHSSF Scholarship Application. 2. Complete a FASFA online and submit a copy of your FASFA Student Aid Report which includes your Estimated Family Contribution (EFC) to the LBHS Scholarship Coordinator. 3. Provide an essay describing financial need in your Supplemental Application Form. 	
Financial Need	Considered: ✓ If Checked provide an essay describing financial need in your Supplemental Application Form.	
	cial Need nor Financial Need Considered is checked then financial need is not a or this scholarship.	
Requirements:	The Marge Swanson Mission Hospital Application Scholarship Application is available below. Print out application and complete.	
Attach to the Supplemental Form a copy of the completed Application as a .pdf. Name your application: full "Scholarship Name,Student Last Name,First Name,DA". If you cannot attach a .pdf document, see the LBHS Scholarship Coordinator.		
	A Transcript is required. Go to the LBHSSF website (www.lbhssf.org), Student Tab, Application, Step 5 for a link to the Transcript Request Form. The Transcript Request Form provides you with one transcript that can be used for any scholarship requiring a transcript. This Request Form will be sent to the LBHS Scholarship Coordinator who will produce a copy of your transcript and email it to you to submit for individual scholarships. To submit your transcript follow the Transcript Submission Instructions also included in Step 5 on the LBHSSF website.	
	A Student Photo is required in .pdf format (not jpg). Go to the LBHSSF website (www.lbhssf.org), Student Tab, Application, Step 5 for a link to the Photo Submission Form.	
References Req	uired: 🗹 If checked contact your reference well in advance of submission deadline	

(Wednesday, February 25, 2015), and send them this link (http://tinyurl.com/LBHSSF-Reference) to an on-line reference form and give them a copy of this form (Scholarship Requirements) which will describe reference information required.

of References Required 2

Notes: One from a teacher/academic advisor, and one from the community such as a pastor, scout leader, employer or other.

Marge Swanson/Mission Hospital Laguna Beach Auxiliary Scholarship Application

The MHLB Auxiliary is an organization comprised of adults and students who donate over 22,000 hours of service to the Laguna Beach hospital each year. Scholarship money is raised by vendor sales and contributions from the LB gift shop. You must be pursuing a career in the medical field to apply.

This scholarship is offered to graduating high school seniors, planning to attend a 4-year college. Students from Aliso Niguel, Dana Hills, or Laguna Beach high schools and seniors participating in the MHLB student volunteer program may apply. A typed application is preferred.

TODAY'S DATE:			
NAME:			
AGE:			
HIGH SCHOOL:			
HOME ADDRESS:			
CITY:	ZIP:		
PHONE:			
BROTHERS & SISTERS	(List Names and Ages)		

WHAT ARE YOUR PLANS FOR FURTHER EDUCATION?

PLEASE LIST THE 4-YEAR COLLEGES AND/OR UNIVERSITIES TO WHICH YOU HAVE APPLIED:



WORK EXPERIENCE, ADDRESS, DUTIES DATES EMPLOYED:

Please submit a current picture with your application. Provide only what is requested on this application.

STANDARDIZED TESTING:

SAT		
Critical Reading	Math	Writing
SAT II		
Math	Level	
Writing		
OTHER	Subje	ct

ACT Composite Score _____

TRANSCRIPT: Attach a copy of your transcript through 7th Semester

ESSAY: Attach a personal statement. Please tell us about yourself and why you have chosen to pursue a career in the medical field. Has any personal situation influenced your life which will help us to know you better?

PERSONAL PROFILE:

Please attach the information to the end of the application. It can be in resume format.

SUMMARY OF SCHOLARSHIP QUALIFICATIONS (Be specific)

ACCOMPLISHMENTS (athletics, arts, special projects)

PERSONAL INVOLVEMENT (religious, civic, other)

VOLUNTEER COMMITMENTS (specifically in medically related activities)

HONORS AND DISTINCTIONS

REFERENCES: Please attach 2 recent letters of

recommendation; 1 from a teacher/academic advisor, and 1 from the community such as a pastor, scout leader, employer or other)

I hereby give my permission for this form to be distributed to the Scholarship Selection Committee.

	Date
(Student's Signature)	

Date

(Parent's Signature)

Completed applications are due to the Scholarship Coordinator no later than March 9, 2015