



# Maggie Cripe Memorial Healthcare Scholarship Application

Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ - \_\_\_\_\_  
Social Security Number Email Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_  
Month Day Year

College you are attending/will attend: \_\_\_\_\_

Area of Study: \_\_\_\_\_

**ATTACH most current copy of Certified Transcript.**

Semester applying for funds: \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall Year: \_\_\_\_\_

Anticipated Date of Graduation from College: Month: \_\_\_\_\_ / Year: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ / Year: \_\_\_\_\_

Honors (if any): \_\_\_\_\_

Extracurricular Activities (school organizations, athletics, church, etc.): \_\_\_\_\_

Are you currently an employee or volunteer at an Ascension Borgess facility? \_\_\_\_\_

Have you ever been an employee or volunteer at Ascension Borgess-Lee Hospital or an Ascension facility? \_\_\_\_\_

If yes, list Department: \_\_\_\_\_ Dates: \_\_\_\_\_

**PLEASE COMPLETE AND ATTACH a 250-word essay as to why you are interested in pursuing a career in healthcare, what program you have chosen and what motivates you to be your best.**

**Personal References (2)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

**Teacher or Professor Reference**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
School or College: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_

I verify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Deadline: April 1**

*Return completed application to:*  
**Ascension Borgess-Lee Foundation**  
420 West High Street  
Dowagiac, MI 49048

Or email completed application to: [beth.cripe@ascension.org](mailto:beth.cripe@ascension.org)  
For more information, call 269-783-3026.

*Scholarship is renewable by reapplying to the Ascension Borgess-Lee Foundation.*