



2024 Application

Dependent Scholarship

200 Hemlock/PO Box 659
Tawas City, MI 48764
Phone: (989) 362-0159

*IMPORTANT: Please review the Dependent Scholarship
Directions and Checklist prior to completing your application.
No handwritten applications will be accepted.*

Date _____

Name _____

Address _____

Phone _____

Email _____

My parent/guardian is currently employed by:

Ascension St. Joseph Hospital *Department

Hospital Contract Employee Company

Ascension St. Joseph Volunteer

Parent/Guardian/Volunteer Name _____

College/university student ID # _____

Field of study & college or university attending:

College/university mailing address for tuition payments

Grade Point Average _____

Degree/certificate pursuing _____

Degree previously completed _____

Expected college/university graduation date _____

One copy of the application and additional materials must be electronically submitted to the Foundation office by 3:00 p.m., April 5, 2024.

Late or incomplete submission will not be accepted.

All applicants will receive notice of award status by early May, 2024.

Enrolled in school: Full-time Part-time

Gender: Male Female

First time applicant Prior award recipient Year of award _____

Extra-Curricular Activities

Provide a detailed description, including time commitment, of extra-curricular activities you are currently involved in.

Community Volunteer Programs/Projects

Provide a detailed description, including time commitment, of community volunteer programs you are currently involved in.

Scholarship Essay

Please use the following space to provide your essay as to why you should be considered for a scholarship and explain what experiences have influenced your decision to pursue a career in your course of study. Submission should be in an 11-point font.

Essay must not exceed 500 words.



**Ascension
St. Joseph
Foundation**

Scholarship Agreement

Application deadlines are final. Incomplete or late applications are not accepted. Any submission lacking any of the required materials will not be considered.

Award payments will be paid directly to your educational/training institution. Any remaining scholarship funds not used will be reimbursed directly to Ascension St. Joseph Foundation.

Selection of all candidates is based on information contained on the application. The scholarship committee may choose to interview candidates for additional insight on their future plans.

All award recipients will be notified via mail if they receive the award and will need to return a letter of agreement within 10 days, to be eligible to receive the award. Scholarship award is valid until June 30, 2025.

All scholarship recipients agree to the use of their image/photo for promotional purposes by Ascension St. Joseph Hospital and Ascension St. Joseph Foundation.

I acknowledge all the facts set forth in my scholarship application are true and complete. I authorize my references to provide information concerning me to the Scholarship Committee.

Further, I release all such persons providing character reference from liability or damages incurred because of furnishing the above information. I understand false statements or omission of relevant information should be considered sufficient cause to reject this application.

If I am awarded the scholarship, I will use it toward tuition for the named academic program, professional development and/or accreditation program. If for any reason I am unable to complete such an opportunity for which the scholarship was intended, I agree to notify the Ascension St. Joseph Foundation and reimburse the full amount received.

By completing this form, you agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

Applicant/Guardians Signature

Date