



Ascension St. Joseph Foundation

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

2024 Application Ascension St. Joseph Volunteers Associate Scholarship

*IMPORTANT: Please review the Ascension St. Joseph Hospital
Volunteers Associate Scholarship.*

Directions and Checklist prior to completing your application.

No handwritten applications will be accepted.

Date _____

Name _____

Address _____

Phone _____

Email _____

Ascension St. Joseph Hospital Hire Date _____

Position/Department _____

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 _____

Enrolled in school: Full-time Part-time

Gender: Male Female

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.

First time applicant Prior award recipient Year of award _____

List other positions held at Ascension St. Joseph Hospital _____

Scholarship Essay

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.

Essay

What is your professional goal? - Please describe your professional goal, what experiences have influenced your decision. 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 Signature

Date