

Wilson Memorial Hospital Auxiliary

Scholarship Application

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List any other scholarships, grants, and loans for which you are applying?

What scholarships and/or financial aid are you, or will you be receiving?

Tell us about yourself and your family.

Number and ages of children (siblings) in your family.

Parent or Parent's Occupation(s).

Reason you are interested in the field chosen.

THIS APPLICATION MUST BE RETURNED NO LATER THAN JUNE 15.

Wilson Memorial Auxiliary Scholarship
Attn: Marianne Helmlinger
716 Chestnut Ave.
Sidney, OH 45365-3312