

**SWIHART ALLIED HEALTH  
SCHOLARSHIP APPLICATION  
2011-2012**

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This application is required for any Glen Oaks Community College Swihart scholarship. Student must also complete a 2011/2012 Free Application for Federal Student Aid (FAFSA) and be accepted to the Glen Oaks Community College Allied Health Program. For earliest consideration, the Financial Aid Office must receive applications and all required documentation by **4:00 p.m. on Tuesday, July 12, 2011.**

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Please indicate which Foundation Allied Health Scholarship you are applying for (you may apply for more than one).

On separate sheet(s) of paper please complete the following.

- List any activities, clubs or community service organizations in which you participate, and dates of participation.
- Explain your education/career goals, including your employment intentions after graduation, and any special circumstances (financial, family, etc.) which you feel would be helpful in determining the scholarship award.

**REMEMBER:** When completing scholarship applications, neatness counts, take your time when answering essay questions and make sure the application is complete.

**NOTE:** It is the applicant's responsibility to make sure all required documentation is submitted on time to the Financial Aid Office.

**STUDENT CERTIFICATION:**

I certify that the answers provided on this application are accurate to the best of my knowledge and if requested I will furnish proof for any or all answers. I agree that the Financial Aid Office may release information concerning my program of study, grade, financial aid information and family circumstances, if necessary, to any company/donor offering a scholarship for which I applying, or which I receive.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE