

The St. Francis Care Center Foundation of Green Springs Scholarship

Application Guidelines

The St. Francis Care Center Foundation of Green Springs Scholarship Fund has been established to provide scholarships to students currently enrolled in a health care Associate, Bachelor or higher degree program, who have graduated from a Seneca County High School in Ohio meeting the following criteria:

1. Currently enrolled to a fully accredited college or university
2. Enrolled and completed one (1) year in a Health Care Associate Degree Program or enrolled and completed two (2) years in a Health Care Bachelor Degree Program
3. Preference for a 3.0 or higher current GPA
4. Participated in one or more extra curricular activities during last year

As many as two (2) scholarships in the amount of \$2000 each may be awarded annually. This scholarship may be used for tuition, books and fees.

The scholarship trustees may select up to three finalists for an interview. Each finalist will be notified of a date, place, and time for the interview. No information except that contained on or relating to the application is used in the selection process. The scholarship trustees may verify information presented in the applications.

**Submit your completed application and essay to
The Tiffin Community Foundation
by March 31**

The St. Francis Care Center Foundation of Green Springs Scholarship Fund is a component fund of The Tiffin Community Foundation, Inc., which maintains exclusive legal control.



St. Francis Care Center Foundation of Green Springs Scholarship

Application



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Deadline March 31

Deliver completed application to
Tiffin Community Foundation, Inc.
31 S. Washington St, Tiffin
info@tiffinfoundation.org

Attachments:

- Current transcript of education.
- List of extra-curricular activities
- Any letters of recommendation
- Essay describing self, educational & career goals

Name: _____

Address: _____ County: _____

Date of birth: _____ Place of birth: _____

Home phone: _____ Cell: _____

Email: _____

Name of Parents/Guardians _____

Father's employment information: _____

Mother's employment information: _____

High School: _____

Year graduated: _____ GPA: _____ ACT&/orSAT: _____

College/University currently attending: _____ Expected graduation date: _____

Name of Enrolled Health Care Program: _____
 Associate Degree Program
 Bachelor Degree Program

Number of years completed in above program: _____ Expected graduation date: _____

What is your current GPA: _____

Other sources of scholarship or financial assistance: _____ Please include dollar amount for each.

Scholarship Application

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Name of Applicant: _____

Work Experience:

I am available for an interview with the Scholarship Trustees on the following days and times:

Day of the week:

Time of day available:

I hereby give permission for a scholarship fund advisor to contact any of my teachers, past or current employers, coaches, guidance counselors, or educational or professional schools I have attended for additional information about my scholastic attendance, performance, financial circumstances and references.

I understand that the information set forth in this application may be shared with a scholarship fund advisory committee. I acknowledge that all information contained in this application and attachments is true.

I understand that this application and its attachments will become the property of The Tiffin Community Foundation and will not be returned to me, the applicant.

Applicant's signature _____ Date: _____

Applicant's Parent/Guardian signature _____ Date: _____

Applicant's Parent/Guardian signature _____ Date: _____

For Tiffin Community Foundation Use

Date received: _____ Complete? yes no Contacted applicant: _____

Submitted completed application and attachments to Scholarship Trustees: _____

Recommendation: _____
