

CUMBERLAND HEALTH CARE AUXILIARY SCHOLARSHIP

CONDITIONS:

1. The applicant must be a graduating student.
2. The student must be entering the Health Profession.
3. Consideration shall be given to individual financial circumstances.
4. The application must be returned to the ARHS Main Office by the first Friday in May.

Full name: _____

Address: _____

Parents/Guardians' Names: _____

Future Plans: _____

Explain Financial Need: _____

Extra-Curricular Activities: _____
