



2010-2011

Evelyn Bukovac Hamilton Health Care Scholarship Application

Eligibility Rules:

- The Evelyn Bukovac Hamilton Health Care scholarship is awarded for school year 2010/2011
- Current scholarship recipients must re-apply each year and are limited to a maximum of four (4) awards
- The scholarship is open **only** to Members of the Marines' Memorial Association, Member dependents or Grandchildren of Members
- To be eligible for the Evelyn Bukovac Hamilton Health Care scholarship, applicants **must** be majoring in or applying to major in a discipline within the health care field.
- The scholarship is limited to undergraduate studies at educational/technical institutions with an accredited healthcare program.
- The scholarship is opened to graduating High School seniors or current students who are attending an institution of higher education during the school year 2010/2011
- Recipients must register and maintain status as a full-time student.
- Applications must be completed with all required attachments and mailed to the Marines' Memorial Association Scholarship Selection Committee with a postmark not later than 30 April 2010.

How To Apply:

Assemble the application package in the following order:

- Complete the attached application form.
- Signature on the last page of the application.
- For graduating High School seniors, please include a copy of your High School transcript.
- For graduating High School seniors, please include a copy of your SAT and/or ACT scores.
- For returning University/College students, please include a copy of your current University/College transcript.
- Attach your typewritten 250-500 word personal statement
- Attach your typewritten 100-150 word financial statement
- Identify 2 Confidential References. Forms should be sent to Marines' Memorial Assoc., Attn: Scholarship Committee, 609 Sutter St., San Francisco, CA 94102. Completed forms must be received by 30 April 2010.

The application should be postmarked no later than 30 April 2010. The complete package will become the property of the Marines' Memorial Association and no cost associated with the application will be reimbursed to the student. Incomplete packages will **NOT** be accepted.

Selection Criteria:

The following criteria will be used by MMA as the basis for selecting scholarship winners.

- Completeness of the application form.
- Grade Point Average
- 2 Confidential References
- Personal Statement (up to 500 words)
- Financial Information
- SAT/ACT scores

Deadline: April 30, 2010

Please return this application to:

Marines' Memorial Association
Re: Evelyn B. Hamilton Health Care Scholarship
Attn: Membership Office
609 Sutter Street
San Francisco, CA 94102

Scholarship Contact Information:

Email: Scholarship@Marineclub.com or

Call: (415) 673-6672 x293.



Evelyn B. Hamilton Health Care Scholarship Application

Deadline April 30, 2010

Please return this application to:
 Marines' Memorial Association
 Re: Evelyn B. Hamilton Health Care
 Scholarship
 Attn: Membership Office
 609 Sutter Street
 San Francisco, CA 94102

Personal Information				
Full Legal Name	Last Name (please print)	First Name	Middle	U.S. Social Security Number
Permanent Address	Number/Street	City	State	Zip Code
Home Phone Number ()	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Mo/Day/Yr) ____/____/____	Email Address	
University Applied To or Attending				
Planned Major and Class during 2010/2011	Proposed Graduation Date	Terms I plan to attend as a Full Time Student (15 hours or more) - (check all that apply)		
Major: _____ <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	____/____/____	<input type="checkbox"/> Fall 2010 <input type="checkbox"/> Winter 2010 <input type="checkbox"/> Summer 2010 <input type="checkbox"/> Spring 2011 NOTE: To be eligible for this scholarship, you must be enrolled as a Full Time student.		

Educational Information				
If you are entering college as a Freshman in 2010/2011 please complete the following section. Otherwise please continue on page 2 of the application.				
Name of High School	Attended From	Attended To	Graduation Date	
	____/____/____	____/____/____	____/____/____	
High School Address	Number/Street	City	State	Zip Code
Cumulative High School Grade Point Average	____.____	SAT or ACT Score <input type="checkbox"/> SAT <input type="checkbox"/> ACT	Reading _____ Writing _____ Math _____ Math _____ English _____	
Attach one copy of your ACT and/or SAT Score Sheet(s) along with a copy of your High School Transcript - THIS IS REQUIRED!				

If you are a returning University/College student in 2010/2011, please complete the following section. Otherwise, please continue on to the Extracurricular section of the application.

Name of University or College Attended	Attended From ____/____/____	Attended To ____/____/____	Is this the same university/ college that you will be attending in 2009/2010? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO, please explain why not:			Cumulative Grade Point Average : ____.____

Extracurricular Activities in School

Include school (High School and/or University/College) and community activities. Please indicate the school year(s) in which you participated in each activity. Submit additional sheets using this format if necessary.

Mo./Yr. to	Mo./Yr.	Description of Activity	Most Significant Contribution

Work Experience

Include past and present employment. Submit additional sheets using this format if necessary.

Mo./Yr. to	Mo./Yr.	Place of Employment	Supervisor Name/ Telephone Number	Job Duties	Hours

Honors and Scholarships

May or may not be academic-related. Submit additional sheets using this format if necessary.

Month/Year	Sponsor	Name of Award	Reason for Receipt of Award

Marines' Memorial Association Membership Information

Please provide the following membership information. Members of the Marines' Memorial Association, Member dependents plus Grandchildren of Members are eligible for this scholarship.

MMA Member's Name	Last Name (please print)	First Name	Middle	MMA Membership Number
Permanent Address	Number/Street	City	State	Zip Code
Home Phone Number ()	Email Address		Relationship to Applicant	

Financial Information**Budget Expenses**

Tuition and fees		
Room and Board (rent, utilities, food)		
Please indicate whether residence hall or home stay		
Transportation		
Books and Supplies		
Medical, Dental		
Personal Expenses		
Other Expenses		
Total Expenses		

Please provide your household Adjusted Gross Income per your 2009 tax return: _____

Financial Statement:

Please attach a 100 to 150 word statement that states any personal or family circumstances affecting your need for financial assistance. The financial statement essay should be no more than 150 words, double-spaced. Be sure to put your name, Social Security Number, and major field at the top of the page and submit with this application.

Personal Statement

Please attach a 250 to 500 word essay that discusses the following: Describe your study major. State the area of health care you plan to enter and discuss the importance of your major in today's society. Personal statements are used by the scholarship committee to select scholarship recipients. The personal statement essay should be typewritten of no more than 500 words, double-spaced. Be sure to put your name, Social Security Number and major field of study at the top of the page and submit with this application.

Confidential References

Please list below the 2 persons that will submit Confidential References (they must use form supplied by MMA):

1) _____

2) _____

Certification – To Be Signed By All Applicants

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in revocation of my application for scholarship.

I authorize my school officials to give information about my academic records to the Marines' Memorial Association.

Yes No

Applicant's Signature

Date

Evelyn B. Hamilton Health Care Scholarship

Confidential Reference

Name of Applicant:		Field of Study:		
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1. How long and in what capacity have you known the applicant?

2. Please assess the applicant's ability and competence in comparison with other undergraduates whom you have known at similar stages in their academic careers.

	Below Average	Average	Above Average	Very Good	Out-standing	Exceptional	Inadequate Opportunity To Observe
a. General Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Knowledge of the discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Motivation and seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Written and oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Self-reliance and initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Potential for future growth in selected discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Strength of interaction with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please add any additional comments that would help in the evaluation of this applicant. Comment specifically on the feasibility of the applicant's proposed program in terms of resources available, ability of the applicant to desired career goal, and the ability to profit from this experience in relation to the overall academic program.

Signed:		Date:		
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Position or Title:

Address:

Please complete form and send to Marines' Memorial Association, 609 Sutter St., San Francisco, CA 94102. The form must have a postmark no later than **April 30th, 2010**. Thank you