

**APPLICATION FOR SCHOLARSHIP AWARD**  
**CHRISTUS SPOHN HOSPITAL BEEVILLE` VOLUNTEERS**  
**1500 E. HOUSTON STREET**  
**BEEVILLE, TEXAS 78102**

Date\_\_\_\_\_

Name\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

Mailing Address \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Resident Address (street)\_\_\_\_\_

Social Security Number\_\_\_\_\_ Date of Birth\_\_\_\_\_

High School Graduate? (Circle) Yes No Name of High School\_\_\_\_\_

Address (City, State)\_\_\_\_\_ Year Graduated\_\_\_\_\_

Current Academic Institution\_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Scholastic Avg. or GPA\_\_\_\_\_

Marital status: Single?\_\_\_ Married?\_\_\_ Divorced?\_\_\_

Father's Name\_\_\_\_\_ Employer\_\_\_\_\_

Mother's Name\_\_\_\_\_ Employer\_\_\_\_\_

Number of brothers and sisters in your family? \_\_\_\_\_ Number in college? \_\_\_\_\_

Family income: \_\_\_ under \$20,000 \_\_\_ \$40,000 to \$60,000

\_\_\_ \$20,000 to \$40,000 \_\_\_ over \$60,000

Spouse's Name\_\_\_\_\_ Employer\_\_\_\_\_

Number of children/dependents\_\_\_\_\_ Ages\_\_\_\_\_

Family income: \_\_\_ under \$20,000 \_\_\_ \$40,000 to \$60,000

\_\_\_ \$20,000 to \$40,000 \_\_\_ over \$60,000

Are you currently employed? \_\_\_\_\_ Employer\_\_\_\_\_

Have you ever held a job? \_\_\_\_\_ If so, name of employer\_\_\_\_\_

Dates employed\_\_\_\_\_ Duties\_\_\_\_\_

Have you been accepted by any college or university? Yes No When?\_\_\_\_\_

Name and address of college or university\_\_\_\_\_

What is your occupational goal? \_\_\_\_\_

List sources of financial aid (other scholarships, loans, grants, family help,  
etc.)\_\_\_\_\_

Name of 3 adults who can be contacted as a reference (other than a relative or  
employer).\_\_\_\_\_

Why do you need this scholarship? Explain any special needs or circumstances that  
you feel we should consider in determining the winners of this scholarship.