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

Father's Name Employer Mother's Name Employer Number of brothers and sisters in your family?	
CityState Resident Address (street)Date of Birth Social Security NumberDate of Birth High School Graduate? (Circle) Yes No Name of High School Address (City, State)Year Graduat Current Academic Institution AddressScholastic Avg. or GPA Martial status: Single?Married?Divorced? Father's NameEmployer Mother's NameEmployer Number of brothers and sisters in your family?Number in college? Family income:under \$20,000\$40,000 to \$60,000 \$20,000 to \$40,000over \$60,000 Spouse's NameEmployer Number of children/dependentsAges Family income:under \$20,000\$40,000 to \$60,000 \$20,000 to \$40,000over \$60,000 Are you currently employed?Employer Have you ever held a job?If so, name of employer	
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Dates employedDuties	
Have you been accepted by any college or university? Yes No When	n?
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 employer)	ve oi

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.