

# BAPTIST HEALTH FOUNDATION OF SAN ANTONIO SCHOLARSHIP APPLICATION

Please print or type.

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Program: \_\_\_\_\_ Location: \_\_\_\_\_

**PART I – Reason for Request**

Fully explain your financial reasons for requesting a scholarship from the Baptist Health Foundation of San Antonio. You may attach a separate page if necessary. Baptist Health Foundation of San Antonio will follow the financial aid qualification guidelines established by the scholarship recipient's institution.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II – Student Narrative**

Students requesting a Baptist Health Foundation of San Antonio Scholarship must attach a separate page explaining why they are pursuing a career in health care. Also include examples of your volunteer activities or other activities which help improve our community.

**PART III – Information Waiver**

I agree to a waiver that allows my school to use the Free Application for Federal Student Aid (FAFSA) information for this scholarship.

**PART IV – Disclosure and Consent**

I understand that falsification of any records or documents submitted to obtain this scholarship will result in my having to repay the amount granted in full to the Baptist Health Foundation of San Antonio. I certify that all of the information provided by me on this application is correct. I also understand that the courses taken and grades earned during the scholarship period will be reported to Baptist Health Foundation of San Antonio at the conclusion of the funded semester.

Today's Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_