



**Penn  
Highlands  
Healthcare**

**PENN HIGHLANDS CLEARFIELD AUXILIARY**  
809 Turnpike Avenue  
PO Box 992  
Clearfield, PA 16830

**PH CLEARFIELD AUXILIARY SCHOLARSHIP APPLICATION**

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Degree Received: \_\_\_\_\_

School Activities: \_\_\_\_\_

\_\_\_\_\_

College: \_\_\_\_\_

Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Degree Received: \_\_\_\_\_ GPA: \_\_\_\_\_

School Activities: \_\_\_\_\_

\_\_\_\_\_

Scholarships & Loans Current Receiving: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT (List current or most recent first)**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact for references? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact for references? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**COMMUNITY SERVICE**

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

**REFERENCES (Include letters from at least two)**

Name/Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Name/Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

PLEASE INCLUDE A PERSONAL LETTER WITH A BRIEF BIOGRAPHY AND THE GOALS YOU WISH TO  
ACHIEVE AND YOUR SCHOOL TRANSCRIPT.

Signature of Applicant: \_\_\_\_\_

Currently Attending: \_\_\_\_\_

Date you will graduate: \_\_\_\_\_

MAIL APPLICATIONS TO:

Michele Fannin, Scholarship Chairperson, 925 S. 6<sup>th</sup> Street, Clearfield, PA 16830