

THE RONALD W. BAUMANN MEMORIAL SCHOLARSHIP  
Presented by

EAST ADAMS COUNTY HEALTHCARE FOUNDATION

Scholarship Application

Scholarship is \$1,000.00 for 2010

Criteria

1. Must be or have been a resident within the East Adams Rural Hospital District.

2. Applications are due May 1 and should be mailed to:

EACHCF  
Attn: Scholarship Committee  
P O Box 365  
Ritzville, WA 99169

3. Applicant must complete and submit this application.

4. Applicant must agree to remain in a medical field program of study.

\* Scholarship monies will be mailed directly to the educational facility.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

Are you currently employed in the Medical field? \_\_\_\_\_yes \_\_\_\_\_no

What are your future plans for the medical field?

Where are you in the process of your education?

Please list the High School and Colleges you have attended.

Please attach transcripts from each High School and Colleges (if applicable).

Please list any extra curricular activities you have been involved in while attending school and include how long you have been involved in them.

Please list any community service projects or organizations you have been involved in and include how long you have been involved in them.

Please attach 3 letters of recommendation (no family members).

Complete the following information:

Estimate as accurately as possible your expenses for the school year.

Estimate as accurately as possible your income to meet these expenses for the school year.

Tuition and Fees	\$	Summer earnings	\$
Books and Supplies	\$	Aid from parents	\$
Travel	\$	Trust Fund	\$
Room and Board	\$	Other Scholarships	\$
Personal	\$		
Total	\$	Total	\$

What are your summer plans?

The Ronald W. Baumann Memorial Scholarship  
East Adams County Healthcare Foundation

To: All interested parties

From: EACH Foundation Scholarship Committee

Please fill out the following scholarship application; attach all requested documents and send to EACH Foundation at the address indicated on the application.

Counselors: You may have your students fill out and return to you for submission or they may send it direct to us.

Thank you for your submission and support of the East Adams County Health Care Foundation.

EACHF Scholarship Committee