

MARY RUTAN FOUNDATION

SCHOLARSHIP AND LOAN APPLICATION

Tammy Allison, COO
 205 Palmer Avenue
 Bellefontaine, OH 43311
 (937) 599-7003
 Fax: (937) 592-7007
 E-mail: tallison@maryrutan.org

Check One:

- Medical School
 Nursing School
 Allied Medical

1. Name

Last

First

Middle

2. Permanent Address - Street:

3. City, State, Zip

4. University or College Address - Street:

5. City, State, Zip

6. Age

7. Marital Status

8. Social Security #

9. # of Dependents

10. Home Phone #

11. College Phone #

12. Cell Phone #

13. Name of current employer:

14. Position

15. Salary/Wage \$

16. Have you ever been convicted of a felony?

Yes _____ No _____

If yes, explain and give dates.

17. Source and amount of funds available for year in which scholarship is requested:

Parents \$	Scholarships \$
Savings \$	Own Income \$
Loan \$	Other \$

18. Have you previously received assistance from Mary Rutan Foundation and/or other organizations?

Yes	No
Amount \$	Name of Source

19. Have you, or do you plan to make application for funds from another source?

Yes	No
Name of Source	

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IDENTIFICATION OF INDIVIDUAL(S) PROVIDING ASSISTANCE

20. Name of: Parents, Guardian, Spouse

21. Street Address, City, State, Zip:

Name	Employed	Position	Annual Income
22. Father or Guardian:			
23. Mother:			
24. Spouse:			

25. List Other Dependents in Household:

Name	Age	Student K-12	Student Advanced Schooling

26. Written References that are attached: (List name, address, and phone # of the two people):

- a.
- b.

27. List family members who work at Mary Rutan Hospital or its affiliates such as Logan View, Mary Rutan Health Association, Mad River Family Practice, Mad River Internal Medicine, etc.:

EDUCATIONAL INSTITUTION IN WHICH APPLICANT IS ENROLLED OR ENROLLING

28. Institution's Name, City, State

29. Name of Degree being Pursued: 30. Expected Completion Date:

31. Most Recent Grade Point Average: 32. From:

33. List high school you have or will be graduating from:
 Name of School: Graduation Year: Telephone #:

The following questions apply to the institution to which you are enrolled or are enrolling:

34. Total Yearly Expenses: _____ (Provide Breakdown On Next Line)

Tuition \$ _____ Books \$ _____ Fees \$ _____ Living Expenses \$ _____

35. Date Payment Must Be Made: 36. Date Next Term Begins For You: