

CUMBERLAND HEALTH CARE AUXILIARY SCHOLARSHIP \$2000.00

CONDITIONS:

1. The applicant must be a graduating student.
2. The student must be entering the Health Profession.
3. Consideration shall be given to individual financial circumstances.
4. The application must be returned to the Main Office by the end of the first full week in May.

Full name: _____

Address: _____

Parents/Guardians' Names: _____

Future Plans: _____

Explain Financial Need: _____

Extra-Curricular Activities: _____
