

**WADSWORTH-RITTMAN HOSPITAL MEDICAL STAFF  
MEMORIAL SCHOLARSHIP APPLICATION FORM (FOR  
CHIPPEWA HIGH SCHOOL SENIORS)**

**Due February 28, 2020**

There are two scholarships available. One will be awarded to a Rittman High School senior and one to a Chippewa High School senior who has a minimum 3.20 GPA on a 4.00 scale, and be enrolled or enrolling as a full-time student at a four-year educational institution, pursuing a field of study in the medical, nursing, or health services professions.

*Please print or type*

Name of Student \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email Address \_\_\_\_\_  
High School \_\_\_\_\_  
College \_\_\_\_\_  
Planned Major \_\_\_\_\_

**FINANCIAL INFORMATION:**

1. Names of Parents/Guardians \_\_\_\_\_
2. Father's employer and position \_\_\_\_\_
3. Mother's employer and position \_\_\_\_\_
4. Student's employer and position \_\_\_\_\_ Hours per Week \_\_\_\_\_
5. Adjusted gross annual **family** income: IRS Form 1040 (line 37) \_\_\_\_\_; IRS Form 1040A (line 21) \_\_\_\_\_; IRS Form 1040EZ (line 4) \_\_\_\_\_
6. Number and ages of other dependent children \_\_\_\_\_
7. Number of other family members currently attending college \_\_\_\_\_
8. Estimated market value of parents' assets (including cash, investments, savings/checking accounts, money market accounts, real estate) \_\_\_\_\_
9. Estimated market value of student's assets \_\_\_\_\_
10. Are there any special circumstances, other than family income, that should be considered in evaluating your application (family debts, loss of income, illness, etc.)? If so, please explain \_\_\_\_\_  
\_\_\_\_\_
11. Have you been notified, or do you anticipate notification, of any scholarships or financial aid awards for the coming academic year? Please list and include the amount. \_\_\_\_\_  
\_\_\_\_\_

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**ALSO INCLUDE:**

- A personal letter describing in no more than one page why you should receive the award.
- A transcript of your grades from high school, including ACT or SAT scores.

**SIGNATURES:** We hereby certify that all information in this application is accurate.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Guardian

Return complete application and attached documents to your Guidance Counselor at:

Chippewa High School Guidance Office  
466 Portage St.  
Doylestown, OH 44230

**The complete application packet must be received by February 28, 2020.**

**Note:** If you are a recipient of this scholarship, through the Wayne County Community Foundation, all monetary awards will be made payable to your account at the post-secondary school you will be or are attending. Unless otherwise stated, checks will be issued in July, prior to the new school year. No checks will be awarded directly to any individuals.