



APPLICATION FOR STUDENT SCHOLARSHIP PROGRAM

Please review all scholarship listings at www.sharefoundation.com to read eligibility criteria and work requirements before completing this application.

Your answers in this application will be used only in connection with your application in this scholarship program and will be divulged only to qualified persons who must see them in the course of their duties.

Please complete all sections fully in your own handwriting. A copy of your transcript and letter of acceptance into the program of study must be attached to the application. If a letter of acceptance has not been received by the submission deadline of November 1, April 1 or July 1 please submit the application timely and the letter can follow when received.

APPLICANT INFORMATION

Last Name	First Name	Middle Name
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Mailing Address	City, State & Zip Code
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Cell Phone	Message Phone	Email address
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Social Security Number	Date of Birth
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Projected Date of Graduation	What career are you pursuing?
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EDUCATIONAL EXPERIENCE

Name of School or College	Dates of Attendance	Degree or Diploma
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College Hours Earned: _____

GPA: _____

A. Please state your reason for selecting the profession identified on page one:

B. List any distinctions or honors you have won, scholastic or otherwise:

WORK EXPERIENCE

A. Please list the jobs (including summer employment) you have held in the past three years on the lines provided below:

Name of Employer	Dates of Employment	Hours Worked Per Week	Supervisor's Name Phone Number
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B. In one or two sentences, please explain what you have found most significant in your work experience.

ACTIVITIES

- A. Please list no more than four of your extracurricular and community activities (excluding jobs) during the past three years in order of their interest to you.
Examples: attendance at summer camp, travel, fishing, summer study, etc.
- B. What do you feel has contributed the most to your development?
- C. If you could do what you most wanted to do, what kind of a life would you like to lead 15 to 25 years from now? You might want to explain any possible long-range goals concerning your desired profession.
- D. Why are you applying for a scholarship under our student loan program?
Describe below in some detail:

Section II

- A. Please list all sources of income available to you:

If a parent or guardian is included above, please list their name, address, relationship to you, occupation and annual salary:

B. List persons other than applicant who are dependent upon the above income:

Name of Person	Age	Relationship to Applicant	Estimate of total annual support from family (\$'s)

C. Do you own or rent your home? Own_____ Rent_____

D. Are you receiving or have you made application for any other type of financial aid?
If yes, please list all sources and amounts of educational assistance and indicate if you have been approved to receive the assistance or if your application is still pending.

Source of Financial Aid	Amount	Approved	Pending

E. Describe below any other pertinent information concerning the financial assets and obligations of your family that would be helpful in assessing your financial need.

F. Do you intend to work in Union County and/or for Medical Center of South Arkansas pending graduation? Yes_____ No_____

I understand that misrepresentation or omission of facts is cause for cancellation of the Application and if assistance has been awarded, the applicant agrees to repay the full amount of the award, plus interest at the maximum lawful rate per annum, immediately upon demand. I am willing to sign a Student Scholarship Contract and hereby grant SHARE Foundation permission to verify the information presented.

Applicant's Signature

Date

Parent or Guardian's Signature

Date



Please Remit To:
SHARE Foundation
403 West Oak Street, Suite 100
El Dorado, AR 71730