



**Monroe County
Hospital**

Caring is our way of life

Gale V. “Buzz” Tanner Healthcare Scholarship

Name: _____

Address: _____ City: _____ State: _____

Telephone: _____

DOB: _____ Birthplace: _____ SSN: _____

Parent/Guardian: _____

What professional field do you plan to enter? _____

School Activities

Clubs/Organizations/Office held: _____

Student Activities (sports, music, drama, publication, etc.) _____

Special Honors: _____

Community Activities & Volunteer Experiences

Community Activities: _____

Volunteer Experiences: _____

Future Plans

College: _____ Location: _____

Entrance Date: _____ Major: _____

Have you applied for/or received other scholarships? _____ If yes, please explain:

Financial Information

Total Family Annual Income (before taxes): _____

How many people share the above income including wage earners? _____

How do you plan to finance your college education? _____

I acknowledge that the information given herein is true and complete to the best of my knowledge. I hereby grant permission for Monroe County Hospital and the Gale V. "Buzz" Tanner Healthcare Scholarship Committee to video, photograph, record or in any other way memorialize any presentation made to me should I be the recipient of the within and foregoing scholarship. I understand that this video, photograph, recording, etc. may be submitted for public viewing and promotional use. I hereby release the Monroe County Hospital and the Gale V. "Buzz" Tanner Healthcare Scholarship Committee from any and all liability which might arise out of this use."

Applicants Signature

Date