



Dr. Patrick and Kathleen Murtha President's Scholarship Fund Application

Personal Information (Please type or print)

Last Name First Name Middle Initial

Current Address (include Post Office Box if applicable)

City State Zip Code

Day Telephone Evening Telephone

SJHS Employment Date Department Currently Working In

Education Information

What degree is being pursued? _____

What school are you enrolled in? _____

What is your expected graduation date? _____

What is your cumulative grade point average? _____

Support Documentation

Supervisor Letter of Recommendation - Please have your supervisor submit a letter of recommendation for consideration of a President's Scholarship Award.

What is your professional goal? - Please describe your professional goal, what experiences have influenced your decision and how the achievement will support the mission of St. Joseph Health System. (Not to exceed two, double-spaced typed pages).

See Reverse Side

Application Deadline: April 16, 2012

Please be sure to include all supporting documentation, including most current transcript.
For more information, please call the Foundation Office at 362-0159.

Important Information

All applicants will receive notification of awards no later than the end of May.

I UNDERSTAND THAT SUBMISSION OF THIS APPLICATION AUTHORIZES THE SCHOLARSHIP COMMITTEE TO OBTAIN VERIFICATION OF AUTHENTICITY OF THE TRANSCRIPTS I HAVE PROVIDED. I HEREBY AUTHORIZE RELEASE OF ALL THE FOREGOING SCHOLARSHIP INFORMATION AND/OR MATERIALS. I ALSO GIVE PERMISSION TO RELEASE MY NAME TO THE SPONSORS, NEWSPAPERS AND OTHER MEDIA SPONSORS FOR PUBLICITY.

Application Signature

Date

**Please mail completed application to:
St. Joseph Health System Foundation, 220 Beech St./P.O. Box 659, Tawas City, MI 48764**