

Auxiliary of Northwestern Medicine Central DuPage and Delnor Hospitals

Please fill out the application below as completely as possible to help the evaluation process.
Required fields are marked with an asterisk (*). This is a writable PDF to be printed upon completion.

Scholarship winners will be notified by phone in early May upon completion of the evaluation process.
Any correspondence will be sent to the address provided on the application unless other instructions are indicated.

Please read the [Auxiliary Scholarship Guidelines](#) before completing this application.

Applicant Information

*First Name: _____ Middle Name: _____

*Last Name: _____ *Birth Date: _____

Applicant Contact Information

*Street Address: _____

Address 2: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____ *Telephone: _____

High School Information

*Name of High School: _____

*Year of Graduation: _____

College Information *(If not committed, please list most likely)*

*Name of College: _____

*Major and/or Degree: _____

Status: Graduation year _____ **OR** Accepted for next year Yes No

Post Graduate School: _____

Major and/or Degree: _____

Status: Graduation year _____ **OR** Accepted for next year Yes No

*School and community activities, include honors and awards. (Be sure to check your printout to make sure your entire entry printed.)

*List jobs you have held, indicate full-time, part-time, or volunteer. (Be sure to check your printout to make sure your entire entry printed.)

School you will be attending *(If not committed, list most likely)*

*School Name: _____

*Street Address: _____

Address 2: _____

*City: _____

*State: _____ *Zip: _____

The information on this application is, to the best of my knowledge, complete and valid. I plan to complete my intended course of study. I hereby waive any confidentiality with respect to the above information insofar as the Auxiliary is concerned since it is my understanding that the information will be solely for the purpose of evaluation of my application for a scholarship. If I should be awarded an Auxiliary Scholarship Grant, I attest that the funds I receive will be used solely to support my education.

*Please sign to confirm you understand the preceding text:

Signature

Please mail the completed Application Form and other required material to:

Auxiliary of Northwestern Medicine
Central DuPage and Delnor Hospitals
P.O. Box 17
Wheaton, IL 60187-0017
c/o Scholarship Chairman

Application must be submitted along with the other required material listed in the [Auxiliary Scholarship Guidelines](#).

Applications are due, post marked, by March 31st.

For more information, contact the Scholarship Chairman at: auxiliarscholarship@gmail.com.