



LOUISE MAAS ALLIED HEALTH PROFESSIONS SCHOLARSHIP

APPLICATION FORM

Please return this form (completed front and back), your Student Aid Report (SAR), two letters of recommendation, your personal statement reflecting your interest in pursuing a career in the allied health professions, a copy of your college or vocational school acceptance letter and financial aid award letter (if available), plus your high school transcript to the Princeton Area Community Foundation by **March 1**.

Name _____ Date of Birth _____

Address _____

Phone: _____

Email: _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

High School(s) attended:

Name	Address	Dates

Name	Address	Dates

Graduation Date: _____

College/Institution I plan to attend: _____

Beginning date: _____

(Please attach a copy of your acceptance letter)

I intend to study: _____



COMMUNITY SERVICE ACTIVITIES: (Attach an additional sheet if necessary.) Please list all the ways you have been a leader or active volunteer in your school and community.

ACTIVITY	DATES	LEADERSHIP, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXTRACURRICULAR ACTIVITIES: (Attach an additional sheet if necessary.) List all school and/or individual activities in which you have participated in the last four years (sports, the arts, student government, clubs, volunteer projects, religious groups, scouting, etc.).

ACTIVITY	DATES	HONORS/LEADERSHIP, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE: (Attach an additional sheet if necessary.) List any paid work experiences you have had in the past four years.

POSITION	HRS PER WEEK	DATE FROM ... DATE TO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission is granted to publicize receipt of the scholarship if this application is selected.

Signature of Applicant: _____ Date _____

Signature of Parent: _____ Date: _____