

CONNEAUT HOSPITAL THRIFT SHOP
SCHOLARSHIP GUIDELINES
2026-2027

A. Eligibility

1. Applicant must be (1) at least 17 years of age, (2) enrolled as a high school senior or a high school graduate, or a current college student and resident of Ashtabula County, OH.
2. Applicant must supply all information requested by the scholarship committee, including but not limited to official high school transcripts or proof of grades (GPA as of **January 1, 2026**) proof of any higher education enrollment and degree or certification.
3. Applicant must submit a completed application and official transcripts and all supporting documentation to the address identified by the stated deadline in a **large manila envelope (must be postmarked by March 1, 2026)**
4. Applicant must pursue a career in a healthcare-related field of education: dental, nursing, premed or medicine, pharmacy, physical therapy or lab/x-ray technician etc. Does not include veterinary sciences.
5. Applicant must be applying to, accepted at, or enrolled in an accredited educational institution and program of study.
6. Any check issued will be sent to the school.
7. Applicants/recipients may receive this scholarship for a total of two years and may reapply with a new completed application for the second year.

B. Eligibility

An application may be disqualified for any of the following reasons: (1) ineligibility of the applicant, (2) incomplete application, (3) lateness, and (4) falsification of any information (regardless of who may have falsified the information)

C. Application Procedures

1. Applicant types or prints clearly and completes application.
2. Applicant needs to write name on each page.
3. Applicant completes Parts I, II, III, IV, V and VI and signs and dates the Applicant's Statement on page 5
4. A parent of applicant **MUST** complete and sign part IV if applicant is dependent
5. Applicant will provide an essay and references.

D. Selection Process

1. Applications are reviewed by the scholarship committee
2. Emphasis is placed on the following considerations, need, leadership, expression of interest in the health field and references
3. All decisions of the scholarship committee regarding applications are within the exclusive discretion and judgment of its members are final and binding
4. Applicants will be notified of the status of their applications in writing.

MAIL APPLICATIONS TO: **CONNEAUT HOSPITAL THRIFT SHOP**
 SCHOLARSHIP COMMITTEE
 PO BOX 194
 CONNEAUT, OH 44030

For questions contact Lori Maurer: call or text 440-265-1771

Conneaut Hospital Thrift Shop

Student Scholarship Application

(Print clearly or type)

Part 1: STUDENT INFORMATION

Student Name: _____
Last First Middle Initial

Date of Birth: ____/____/____ Age: ____ Male: ____ Female: ____

Marital Status: Single: ____ Married: ____ Separated: ____ Divorced: ____

If married, spouses' name: _____

Name and age of any children: _____

Home Address: _____
House/Box#/Street/Route# City State Zip

Home Telephone: _____ Cell number: _____

School Telephone: _____

Field of education: _____

School(s) applied to/accepted at if known: _____

Currently Employed: No ____ Yes ____ Hours per Week ____

Name of Employer: _____ Work Telephone: _____

Other sources and amounts of income/financial aid. Please advise whether applied for or received.

Were you a previous recipient of this scholarship? No ____ Yes ____ If yes, what year? _____

Student Name: _____

School Enrollment:

Name of High School: _____

Date of Enrollment/Graduation: _____

Name of College: _____

Dates of Enrollment/Graduation: _____

Diploma/Degree: _____

PART II: Current/Extra Activities/Projects/Awards/Recognitions:

A. High School or College Activities/Projects:

Leadership Position:

_____	_____
_____	_____
_____	_____
_____	_____

B. Community Activities/Projects: Leadership Position:

_____	_____
_____	_____
_____	_____
_____	_____

C. Academic Awards/Recognition's:

_____	_____
_____	_____
_____	_____
_____	_____

Indicate which activity/project/award/recognition (listed above) you feel has been most valuable and meaningful to you in various aspects of your life and why:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student Name: _____

In the last year have you or any member of your immediate family volunteered in your community?

If yes – where and what member: _____

PART III: ESSAY:

Instructions: in no more than **300 words** (approximately 1 ½ pages, double spaced) introduce yourself to the Scholarship Committee. Show how your personality, academic background, and extra activities have prepared you for the role as a health care person.

Your essay should be well organized, thoughtful, concise and grammatically correct.

PART IV: FAMILY INFORMATION (Required if student is a dependent; if not, go to Part V)

A. Identification/Occupation

B. Father's Name: _____ Occupation: _____

Father's Income: _____ Employer: _____

Mother's Name: _____ Occupation: _____

Mother's Income: _____ Employer: _____

Name and ages of siblings living at home and/or in college: _____

C. A Parent's Statement/Signature (Required if student is a dependent)

I acknowledge that it is my son/daughter's responsibility to make sure the application is completed and returned/postmarked no later than the March 1, **2026** deadline.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

PART V REFERENCES (Non-related) (2)

Name: _____ Phone Number _____

Name: _____ Phone Number _____

(Enclose letters from each reference)

Student Name: _____

SS# (last 4 #'s) _____

PART VI APPLICANT'S STATEMENT/SIGNATURE

I certify that all of the information contained within this application is correct to the best of my knowledge. I understand that information about me may be shared with the public if I am the recipient of the scholarship, and I consent to the release of information. I acknowledge that it is my responsibility to ensure that this application is completed and returned/postmarked no later than the **March 1, 2026** deadline. I understand that any award will be contingent upon my acceptance to and enrollment at an accredited educational institution and program of study. I authorize the scholarship committee to request and obtain information regarding my enrollment status for purposes of making distribution of any scholarship award.

Applicant's signature: _____

Date: _____

It is the policy of Conneaut Hospital Thrift Shop to consider all applicants who are eligible for a scholarship award without regard to race, color, religion, national origin, gender identity, sexual orientation, age, disability, veteran status, marital status or parental status.