

## **ELLEN MCGURTY MEMORIAL SCHOLARSHIP**

Administered by the Hillsboro Educational Foundation

This scholarship is made available through the generosity of Mr. and Mrs. George Blankenship to honor their aunt, Mrs. Ellen McGurty. Mrs. McGurty worked for many years at Hillsboro Hospital and was a well known nurse within Montgomery County.

### **CRITERIA**

- Class rank (25%)
- Income of Student and Parent (25%)
- Cost of College Education (25%)
- Available Assets (25%)
- **Applicant must be enrolled or accepted as a full-time student at an accredited school pursuing a major in the health sciences.**

**Only completed applications will be considered.** A completed application includes the following:

- Cover sheet completed
- All questions on form completed
- Brief narrative included
- Two letters of recommendation included

### **AWARD**

- These scholarships will be announced at the Hillsboro High School Honors night program by a member of the Hillsboro Educational Foundation Board of Directors.
- One or more \$500.00 scholarships will be awarded, depending on resources available.

Revised 3/31/21

## Ellen McGurty Memorial Scholarship

Personal Information (This will be kept confidential.)

Full Name:	Email address:
Home Phone:	Cell phone:
Full Address:	Date of Birth:
Class rank (HS students only) ____ out of ____	School: HILLSBORO HIGH SCHOOL
Income of Parent (as reported on IRS form 1040)	I am applying as: ____ Graduating high school student
College Cost (Anticipated cost of tuition, housing, & fees:	Career Goals:
Available Assets: Please provide your family's expected contribution (EFC) according to the FAFSA finding:	Other scholarships, grants, and financial aid you have already received:

Parent's Name: \_\_\_\_\_

Parent's Place of Employment:

\_\_\_\_\_

\_\_\_\_\_

# of Siblings: \_\_\_\_\_ # of siblings in college/trade school: \_\_\_\_\_

Explain any unusual demands on your family income:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ELLEN MCGURTY MEMORIAL SCHOLARSHIP

Name of Applicant: \_\_\_\_\_

Extra curricular activities (clubs, work, sports, etc. Attach an extra sheet if needed.)

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University/school you will be attending: \_\_\_\_\_

Area of study: \_\_\_\_\_

Attach a brief (2 – 3 paragraphs, typewritten) essay detailing future plans. You should include choice of school, major concentration, plans after completion.

Please include two letters of recommendation with your application.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Application should be returned to the counselor's office by March 31, 2021.**