



List any current volunteer or college activities (church, community, clubs, athletics, drama, etc.):

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Describe any work experience or volunteer work you have had in the medical field (practicum, aiding, etc.):

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List any financial needs or hardships that should be considered by the scholarship committee (optional):

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**Please attach to this application a letter of recommendation from a college professor.**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

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Applicant's Signature

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Date

**Please mail completed application to:  
Scholarship Committee  
Queen of Peace Hospital Auxiliary  
301 Second Street NE  
New Prague, MN 56071**

**You will be notified of the committee's selection by June 11, 2010.**