

TOTAL HEALTH CARE INC.

MARY HELEN BURGESS

SCHOLARSHIP APPLICATION

Please type or print clearly in ink.

PART I: BASIC INFORMATION

Student ID:		GPA:	
Name:			
Address:			
City:	State:	Zip:	
Primary Telephone Number:	Email Address:		
High School/College:			
Status (check one):	<input type="checkbox"/> First-time/Incoming Freshman	<input type="checkbox"/> Current student	<input type="checkbox"/> Transfer student
Semester for which you are applying:	Spring 20____ or Fall 20____	Major:	
<i>I understand that if awarded, I <u>must</u> register for at least 9 credits each semester. (initial here) _____</i>			

PART II: PERSONAL INFORMATION

List your school/community activities, including offices held and honors received:

Activity	Dates	Office Held/Honor(s) Received
Job/Volunteer Work	Dates	Title/Basic Responsibilities

State your educational goals and career objectives: (Please attach a one-page typed summary)

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Signature:	Date:
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RETURN APPLICATION TO: Total Health Care Inc. Philanthropy & Social Responsibility 1501 Division St. Baltimore, Maryland 21217 Or email to: scholarship@totalhealthcare.org	For Office Use Only: SCHOLARSHIP AWARDED YES OR NO: IF YES, AMOUNT: _____ _____ _____
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Total Health Care Inc. does not discriminate on the basis of sex, religion, handicap, nationality, or ethnic origin in its educational programs or employment.

Total Health Care, Inc. (THC) is a Federally Qualified Health Center. THC is a Health Center Program grantee under 42 U.S.C. 254b and deemed a Public Service employee under 42 U.S.C. 233 (h). Total Health Care is a FTCA deemed facility. 05/21

