

**SECTION I: CONTACT INFORMATION**

Name: \_\_\_\_\_

Complete Address / City / State / Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**SECTION II: ACADEMIC RECORDS**

Name of high school attended and ending: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

Name of college ( ) attended and ending: \_\_\_\_\_

List all academic honors received in high school or college, degree held, and extracurricular activities in which you participated at school and/or in the community: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III: WORK EXPERIENCE**

List all work experience beginning with chronological order:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Duration: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Contact information? Yes \_\_\_\_\_ No \_\_\_\_\_

Em. l : \_\_\_\_\_

Add e : \_\_\_\_\_

D ie : \_\_\_\_\_

S e i ' Name: \_\_\_\_\_ Ph ne: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Da e f Em. l men : \_\_\_\_\_

C n ac hi em. l e ? : \_\_\_\_\_ Ye \_\_\_\_\_ N

Em. l : \_\_\_\_\_

Add e : \_\_\_\_\_

D ie : \_\_\_\_\_

S e i ' Name: \_\_\_\_\_ Ph ne: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Da e f Em. l men : \_\_\_\_\_

C n ac hi em. l e ? : \_\_\_\_\_ Ye \_\_\_\_\_ N

Ha e ked in he i m/h i ali eld ha i n li ed ab e? \_\_\_\_\_ Ye \_\_\_\_\_ N

If e , ha e f k and h man h e eek? \_\_\_\_\_

Ha e e e a i c i a ed in an in e n hi g am? \_\_\_\_\_ Ye \_\_\_\_\_ N

**SECTION I : EDUCATION/CAREER**

When d lan g ad a e? \_\_\_\_\_

C m la i e g ad e in a e age: \_\_\_\_\_

If ha e addi i na l ed ca i na l b jec i e , ha a e he ? \_\_\_\_\_

A e a lia ed i h ind gani a i n ? If , ha a e he ? \_\_\_\_\_

## SECTION : ESSA REQUEST

What will/in the next 12 months you have made decisions in the household regarding? How will you and dependents be affected? What do you think should be added to the \$2,500 child allowance (1-2 page allowance; attach allowance sheet.)

## SECTION I: SCHOLARSHIP REQUEST

Amount in aid fee, expense, health, dental \$ \_\_\_\_\_

Amount book and supplies, expense \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

1. What amount of this will be aid by another source? \$ \_\_\_\_\_

2. What other child aid have you applied for have received? \$ \_\_\_\_\_

3. Amount found available from the S.L. in Area Health Association? \$ \_\_\_\_\_

Scholarship amount which you are applying for this child: \_\_\_\_\_

Can confirm name, address and telephone of the essential child should be mailed:

(i.e. Board of Administration) \_\_\_\_\_

Have you received a child from SLAHA in the area? Yes \_\_\_\_\_ No \_\_\_\_\_ List ( ) \_\_\_\_\_

## SECTION II: REQUIREMENTS

Individual and all children must meet the following minimum eligibility requirements:

Enrolled a full-time student, high school, junior college or university

Enrolled a full-time student, high school or university

Apply for and receive financial aid

Have a minimum of 2.25 GPA in college

Be a United States citizen or permanent U.S. resident

Individual and household must be enrolled full-time (minimum 9 hours) for the next academic year

(bachelor's) for which this child is going to receive the full amount of the child allowance.

Individual and household:

Application will be accepted by the A-5 Eligibility ( ) - (h) 4e A) 1 (b) 95 ( A5 E) 3n (l) 1 (e) B h Im. -1.333 F-5 (l) -6

I agree to read and understand the S.L. i A ea H el A cia i n f he e f eei -  
ing and e if i ng hi ch la hi and f c n ac in be en ea .

(Sign e)

(Date)

Hi did i lea n ab he SLAHA ch la hi ? \_\_\_\_\_

Un eei fa ch la hi , i d i be in e e ed in being c n ac ed f an in e n hi ?

\_\_\_\_ Yes \_\_\_\_ No

Un eei fa ch la hi , i d i like be c n ac ed b h el f em l i men ni ie ?

\_\_\_\_ Yes \_\_\_\_ No

Un eei fa ch la hi , i d i like be c n ac ed 1 2 ime a eme e b a h i ali men ?

\_\_\_\_ Yes \_\_\_\_ No

Please check a lica i n be e i ha been igned and ha all nece a i n f ma i n i c ec . D n  
bmi he a lica i n i h all f he d c men a i n li ed bel Re n he c m le ed a lica i n al ng  
i h he f ll i ng d c men :

\_\_\_\_ C m le ed a lica i n

\_\_\_\_ T le e f ec mme da i n f m a f me c en e i , e fe ab f m he h el ind  
and an in c / eache

\_\_\_\_ C en an c i f g ade ( cial an c i e fe ed)

\_\_\_\_ 1-2 Page e a

S bmi he c m le ed a lica i n and e e ed d c men : Vicki B e  
E e c i e Di ec  
S . L i A ea H el A cia i n  
6590B Scanlan A en e  
S . L i , MO 63139  
FAX: 314/558-6033

If ha e e i n , call **314-781-5112** email **vboyer@stlhotels.com**