

Dear Guidance Counselor and Applicant:

The Berger Hospital Gift Shop Board is pleased to announce that they will again award four \$500 scholarships to qualified students who intend to pursue a career in the medical field in the Fall of **2026**. The applicant must be a graduating Senior enrolled in one of the following schools: Circleville, Logan Elm, Teays Valley or Westfall. Students from those districts attending their associated vocational school are also eligible, but must apply through their home school. There will be one winner from each of the four schools.

Requirements for application are as follows:

- An essay with a minimum of 200 words about yourself, past accomplishments, career and objectives for the future.
- Two letters of recommendation, excluding family members.
- Copy of scholastic transcripts, including courses in progress.
- Completed Application form.
- If possible, a photo of the applicant.
- Signed copy of the Privacy Act Form.

The recipients will receive their scholarship award after the second quarter (or first semester) in school upon achieving a minimum GPA of 2.3 on a scale of 4.0. If they do not meet the minimum GPA of 2.3 their first semester or second quarter, they will be granted one more semester or quarter to attain the 2.3 accumulative GPA.

*The scholarship money must be claimed within 18 months of being awarded.

The completed application is to be submitted to the Guidance Counselor no later than **March 27, 2026**. The winners of the scholarship will be announced at the school's award program. Any questions should be addressed to Melissa Gerland, 1299 Stratford Ct, Circleville, OH, or Lisa Merrill, 8102 Trimmer Road, Circleville, OH.

Sincerely,

Melissa Gerland
Lisa Merrill
Co-Chairmen, Scholarship Committee

BERGER HOSPITAL GIFT SHOP SCHOLARSHIP APPLICATION

Applicant's Full Name _____

Present Address _____

Age _____ **Birth Date** _____ **Phone** _____

Marital Status: Single _____ **Married** _____

**Father/Guardian
Name** _____

Occupation _____

**Mother/Guardian
Name** _____

Occupation _____

High School I Attend _____

Grade Point Average _____ **Class Rank** _____ **Out of** _____

I have applied to the following colleges or universities: _____

I have already been accepted to: _____

I am still undecided where I will attend: Yes _____ No _____

I have decided to attend: _____

I have applied for the following scholarships: _____

I have received the following scholarships: (Please list dollar amount of award)

BERGER HOSPITAL GIFT SHOP SCHOLARSHIP

Please list any work experience and include your supervisor's name:

Please list High School activities and offices held:

Please list any community and church activities:

PARENTAL FINANCIAL STATUS

A. Father's (Stepfather's) annual income earned from work:

B. Mother's (Stepmother's) annual income earned from work:

C. All non-taxable income, including pensions, social security/disability benefits, child support, etc.

D. Family size: Include parents, student applicant and other dependent children and family members, if applicant's parents are providing more than half of their support.

E. Number of dependent children attending college during academic year 2026-2027 on a full-time basis (excluding applicant).

BERGER HOSPITAL GIFT SHOP SCHOLARSHIP

PRIVACY ACT ADDENDUM-SCHOLARSHIP APPLICATION

All applicants should review information requested. None of the information is required by law, and is therefore disclosed voluntarily. It will be used in considering the applicant for scholarship, publicity and related purposes.

AUTHORIZATION TO RELEASE INFORMATION

Except as specified below, all personal information contained in my application for the Berger Hospital Gift Shop Scholarship may be used by the award sponsor for promotion and publicity purposes.

Exceptions: (Specify information you do not want released)

Signature

Date