**Guthrie TROY COMMUNITY HOSPITAL AUXILIARY MEDICAL SCHOLARSHIP ACCEPTANCE**

**IN THE EVENT** I discontinue college **during the first year** for any reason other than health, I must repay the entire $500.00 Medical Scholarship to the Troy Community Hospital Auxiliary.

**FURTHER,** I understand that it is my responsibility to provide the TCH Auxiliary treasurer the following information:

* my home address and phone number
* my college I.D. number
* the address and phone number of the college to which the scholarship check should be sent

**FURTHER,** I shall send the above information to the following contact by **August 1st of this year.**

 Geri Barrett

 Guthrie Troy Community Hospital ( Auxiliary )

 Troy, PA 16947

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Medical Scholarship Recipient Signature Date

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Medical Scholarship Committee Member/Designee Signature Date