

Healthcare Career Scholarship

Application Instructions

Student Instructions

Please attach the following to your application and return to your guidance counselor:

- 1. Acceptance letter from a 2-yr or 4-yr nationally accredited college or vocational school, pursuing a degree or certification in a healthcare field (e.g. nursing, EMT, phlebotomy, etc.).
- 2. Letter to School Counselor explaining why scholarship is requested and what healthcare field you plan to pursue in post-secondary school.
- 3. Transcript with GPA minimum 2.8 with a "C" grade or better in math and science
- 4. Include one letter of recommendation from a teacher, coach, scout leader, or organization contact who knows you well. May NOT be a family member.



Healthcare Career Scholarship Application

Due: April 1

Please Print					
Name	Last,	First,			MI
Cell Phone					
Home Phone					
High School l	Name				
GPA Cumulative					
Math & Scien	nce Grades "C" or better	Yes	No		
Degree Pursir	ng 2-yr 4-yr	Healthcare Program	Pursuing		
College or Un	niversity				
Address	ng Address	City		· State	Zip
Parent(s) atter	nded college	Yes	No		
School Couns	selor Name	Print Name			
School Couns	selor Email				
School Couns	selor Phone				
I certify that a my knowledg	all the information in this appear and belief.	plication is true, c	omplete and	l Applicant Signature c	orrect to the best of
Applicant Na	me	Print Name			
		I IIII I WIIIO			
Applicant Sig	nature				