



2017 Academic Scholarship Application

Name: _____
(First) (Middle Initial) (Last)

Address: _____

Telephone: _____

Email: _____

Parent or Guardian:

Father's Name: _____

Mother's Name: _____

Guardian's Name: _____

High School Attended: _____

College, University or Technical School Attending: _____

Major Area of Study: _____

ADDITIONAL ITEMS TO BE ATTACHED:

1. Official High School Transcript (including most recent SAT and/or ACT scores) signed by guidance counselor.
2. Typed resume indicating class activities, community service involvement, awards, hobbies, and special interests.
3. Brief essay (300 words or less) as to why you have chosen to go into this healthcare related field.

DUE DATE: APRIL 21, 2017