



Healthcare Career Scholarship Application

Due: April 1

Please Print

Name _____
Last, First, MI

Cell Phone _____

Home Phone _____

High School Name _____

GPA Cumulative _____

Math & Science Grades "C" or better _____ Yes _____ No

Degree Pursing _____ 2-yr _____ 4-yr _____
Healthcare Program Pursuing

College or University _____

Address _____
Mailing Address City State Zip

Parent(s) attended college _____ Yes _____ No

School Counselor Name _____
Print Name

School Counselor Email _____

School Counselor Phone _____

I certify that all the information in this application is true, complete and Applicant Signature correct to the best of my knowledge and belief.

Applicant Name _____
Print Name

Applicant Signature _____