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| **Personal Information** |
| **Student Name:** | **DOB:** |
| **Address:** |
| **City:** | **State/Zip:** |
| **Home Phone:** | **Cell Phone:** |
| **e-Mail:** |
| **Educational Information** |
| **Grade:** | **GPA:** | **ACT:** |
| **College/University Attending:** |
| **Major:** | **Minor:** |
| **List all health related courses taken in high school:** |
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| **List activities, service projects, and organizations you have been involved in:** |
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| **Career Information** |
| **Career Goals /Plans for the Future:** |
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| **State why you feel you are deserving of this Health Career Scholarship:** |
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Health Career Scholarship

Application Form