|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **List activities, service projects, and organizations you have been involved in:** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **Career Information** | | | | |
| **Career Goals /Plans for the Future:** | | | | |
|  | | | | |
|  | | | | |
| **State why you feel you are deserving of this Health Career Scholarship:** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

Health Career Scholarship



Application Form