

Healthcare Scholarship Application 2024

Name: _____
(first name, middle name, last name)

Birthdate: _____ **Phone number:** _____

Email: _____

Home address: _____
(street address, city, state, zip)

High school you attend: _____

Expected year of graduation: _____ **Most recent cumulative GPA:** _____

High School activities, community activities, volunteer work, employment, honors and awards received, offices held:

Are you a first generation college student?

____ Yes, I am the first among my parents or grandparents to attend college.

____ No, either my parents or grandparents have attended college.

College or technical school you plan to attend: _____

Planned healthcare major or field of study: _____

What are your career objectives and long-term goals?

OR

Submit an essay: In your essay, you should address your college goals and choice of major, what you intend to do with your education, and why a scholarship is important to you. Include any academic and non-academic accomplishments, personal characteristics, or experiences that make you uniquely worthy of scholarship consideration. 300 word limit.

References:

Please provide two letters of recommendation: one letter from a teacher and one from a non-relative employer or community member. One page maximum each.