

**2016**

**Careers in Healthcare Scholarship Application**

***Minimum of one $1,000 scholarship will be awarded to Hamilton County High School Senior(s) entering a healthcare field of study.***

PLEASE TYPE OR PRINT:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF COLLEGE YOU WILL BE ATTENDING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE OF STUDY (i.e. RN, LPN, Physician Assistant, Nurse Practitioner, Physician, Physical Therapy, Occupational Therapy, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHEN WILL YOU BEGIN CLASSES? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide the following to Ms. Lueke in the Senior High Guidance Office by \_\_\_\_\_\_\_\_\_\_\_\_\_ to be considered for the Hamilton Memorial Hospital Foundation Careers in Healthcare Scholarships**

□ Completed application above

□ GPA

□ College acceptance letter or college transcript (if available)

□ Typed resume outlining educational accomplishments, employment, awards, activities, and other activities you deem pertinent.

□ Typed, double spaced letter (not exceeding two pages) outlining educational goals, career and professional goals, and need for educational assistance.

**Recipients will be chosen by the Hamilton Memorial Hospital Foundation scholarship committee.**