

2018

Continuing Careers in Healthcare Scholarship Application

One \$500 scholarship will be awarded to a past Careers in Healthcare Scholarship recipient from White or Hamilton County. The student must currently be enrolled in classes and plan to continue their education in a healthcare field.

PLEASE TYPE O	R PRIN	Γ:	
NAME:			
ADDRESS:			
DATE OF BIRTH	l:		
NAME OF COLL	EGE YC	OU WILL BE ATTENDING:	
	•	e. RN, LPN, Physician Assistant, Nurse Practitioner, Physician, Physical Therapy,	Occupational
WHEN WILL YC	OU BEGI	N CLASSES?	
-		following to Bobbie Hamblin, Hamilton Memorial Hospital HR/Foundat sidered for the Hamilton Memorial Hospital Foundation Careers in Hea	
		Completed application above	
		GPA	
		College acceptance letter or college transcript (if available)	
	other	Typed resume outlining educational accomplishments, employment, awards, activities you deem pertinent.	activities, and
	□ profes	Typed, double spaced letter (not exceeding two pages) outlining educational ssional goals, and need for educational assistance.	goals, career and

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