

Healthcare Scholarship Application 2024

Name:	
(first name, middle name, last name)	
Birthdate: P	hone number:
Email:	
(street address, city, state, zip)	±
High school you attend:	
Expected year of graduation:	Most recent cumulative GPA:
High School activities, community activities	es, volunteer work, employment, honors and awards
received, offices held:	
Are you a first generation college student	c?
Yes, I am the first am	ong my parents or grandparents to attend college.
	s or grandparents have attended college.
College or technical school you plan to at	tend:
Planned healthcare major or field of stud	ly:
What are your career objectives and long	z-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.