

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.

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