

Please fill in all information below. Incomplete applications will not be accepted.

All information is confidential.

PROGRAM OF STUDY

Indicate the program in which you are enrolled.

Anticipated graduation date _____

Current year _____

APPLICANT INFORMATION

Name (Last, First, Middle Initial)

Maiden name/other names used

Telephone

Mailing address

City

State

Zip

Email address

Cell phone

Permanent mailing address

City

State

Zip

Where do you want scholarship correspondence sent? (Check all that apply) Email Current Address Permanent Address

EDUCATION

IMPORTANT: Please submit all transcripts for each secondary and post-secondary academic institutions attended. If you have a GED, include the transcript with signature. High school transcripts are not required if proof of 24 college-credit hours with grades and GPA are sent.

High school, location

Graduation date

College/university, location

Dates attended

Hours

Graduation date

Degree earned

College/university, location

Dates attended

Hours

Graduation date

Degree earned

College/university, location

Dates attended

Hours

Graduation date

Degree earned

EMPLOYMENT AND FINANCIAL AID

Are you currently employed?

Job title:

Are you receiving any financial aid or scholarships?

If yes, please list:

Start date

Name and address of employer

Tuition

\$ _____

Room and board

\$ _____

CAREER GOALS AND ACTIVITIES

List extracurricular and community activities such as athletics, clubs, fine arts, internships, organizations and volunteering activities. Please note leadership and other roles for each.

Why should you be selected to receive this scholarship?

APPLICANT

Please read carefully, then sign and date the application.

- This scholarship is for students who have completed their freshman year of college. They must be studying a health care career.
- **Applications must be submitted or postmarked no later than February 15.**
- The scholarship must be used within one year.
- One half of the scholarship will be awarded each semester. Recipients must request payment directly to the college each semester. Students must provide a course schedule and evidence of registration.
- Scholarships not used within one year will be forfeited unless the Great River Friends Scholarship Committee grants a deferral.
- Please make sure your application is complete:
 - ✓ All sections completed
 - ✓ Signature and date completed
 - ✓ Transcripts enclosed in email or mailed

Submit your application:

Email: greatriverfriendsscholarship@gmail.com

Mail: Great River Friends Scholarship Committee
1221 S. Gear Ave, Eastman Suite 012
West Burlington, IA 52655

Signature: _____ Date: _____