

HIGH SCHOOL SCHOLARSHIP APPLICATION

Great Health System-Friends awards scholarships to high school students who are pursuing health care careers. High school seniors with a minimum grade point average of 3.0 or above may apply. Applicants must live in Great River Health System's service area (approximately a 60-mile radius of Burlington). Scholarships are for a minimum of \$1,000.

Complete all sections. Please print.

Name	_____	_____	_____
	First	Middle or Initial	Last
Address	_____		
	Number and Street or Box	City	State Zip Code
Date of birth	_____	Home Phone	_____
Email	_____	Cell Phone	_____

Father's/guardian's name _____ Address _____

Father's/guardian's occupation and employer _____

Mother's/guardian's name _____ Address _____

Mother's/guardian's occupation and employer _____

Number of dependent children in your family (including you) _____

Number of dependent children in college next year (including you) _____

High school you attend _____ Location _____

Class rank _____ Number of students in your graduating class _____

Cumulative high school GPA _____ ACT composite score _____ SAT composite score _____
Official *Official*

You must attach copies of your official high school transcript and ACT or SAT score to this application to be considered by the Great River Health System-Friends Scholarship Committee.

College you plan to attend _____ Location _____

Major _____ Career goal _____

List your school activities, organizations and leadership positions or offices, beginning with the most recent. Indicate dates.

List your community activities, organizations and leadership positions or offices, such as church, scouts, 4-H and volunteer services, beginning with the most recent. Indicate dates.

Why do you think you should receive this scholarship? Use additional sheet if necessary.

Your employer or work experience _____

Your estimated yearly income \$ _____ Hours worked per week _____

Please read carefully, and sign and date the application.

- High school scholarships are for students entering a **field of study in health care.**
- Scholarships must be used for the academic year awarded and are not renewable. Failure to use the scholarship will result in its forfeiture unless a deferral is granted by the Great River Health System-Friends Scholarship Committee.
- Half of the scholarship is available for each semester and must be requested separately. The college or student must provide a course schedule and evidence of registration to Great River Health System-Friends each semester before funds will be released. **Payments will be made directly to the college.**
- **Scholarship applications must be submitted or postmarked no later than Feb. 15. Incomplete applications will not be considered.**
- **Your completed application must include all of the following:**
 - ✓ An official copy of your transcript
 - ✓ An official copy of your ACT or SAT score
 - ✓ Two letters of recommendation

Mail your completed application with all required forms to:

Great River Health System-Friends
Attn: Scholarship Committee
1221 S. Gear Ave.
West Burlington, IA 52655

or email:

greatriverfriendsscholarship@gmail.com

- Scholarship recipients will be notified by April 15.
- More information about Great River Health System-Friends is available at www.greatrivermedical.org/volunteer. For questions, contact us at greatriverfriendsscholarship@gmail.com.
- If I am awarded a scholarship, I will supply a photograph. I grant permission for a publicity release that may include my name, picture, field of study and amount of my scholarship.

Applicant's signature _____ Date _____

Parent/guardian signature _____ Date _____