



List your school activities, organizations and leadership positions or offices.

List your community activities, organizations and leadership positions or offices, such as church, scouts, 4-H and volunteer services.

Why do you think you should receive this scholarship?

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 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 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 February 15 to be considered by the committee.**
- **Attach a copy of your high-school transcript to the email or mail to:**

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

- Scholarship recipients will be notified by April 15.
- More information about Great River Friends and Great River Health Systems is available at [www.greatrivermedical.org](http://www.greatrivermedical.org). For questions, contact us at: [greatriverfriendsscholarship@gmail.com](mailto:greatriverfriendsscholarship@gmail.com)
- If I am awarded a scholarship, I will supply a wallet-sized color or black-and-white 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 \_\_\_\_\_