

# Perry County Memorial Hospital Auxiliary Healthcare Scholarship Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: ( ) -

High School: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Please Return to School Counselor by March 6<sup>th</sup>

ACT Score: \_\_\_\_\_ Cumulative GPA after the first semester of your senior year: \_\_\_\_\_

Class Rank: \_\_\_\_\_ out of \_\_\_\_\_.

List all the clubs or organizations you have belonged to in the last four years:

List all of the offices you have held in the last four years:

List any other scholarships you have received to date:

Name the healthcare career you are choosing to enter: \_\_\_\_\_

Name the educational institutions you are applying to or accepted by:

In 300 words or less, describe why you are choosing a career in healthcare, what goals you wish to accomplish, and how you will attain these goals.