

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

PROGRAM OF STUDY

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

**New applicants must include two current recommendation letters.

**Previous scholarship recipients must include one current recommendation letter.

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: Start date:	Are you receiving any financial aid or scholarships? If yes, please list:
Name and address of employer	Tuition	\$ _____
	Room and board	\$ _____

Use extra sheets for information as needed.

CAREER GOALS AND ACTIVITIES		
Community Activities		
Organization / Events	Role	Date

Why are you pursuing a career in the health care field?

If I am awarded a scholarship, I grant permission for a publicity release that includes my name, school, field of study and amount of my scholarship.

Applicant's signature _____ Date _____

Please read carefully. Keep this page for your records.

This scholarship is for students who have completed their freshman year of college. They must be studying **in a health care career.**

Scholarships must be used for the academic year awarded. They 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 given each semester. 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.**

Please make sure your application is complete. Incomplete applications will not be accepted.

- All sections completed on pages 1 and 2
- Signatures and dates completed
- Transcript enclosed or mailed separately (high school transcripts are not required if college transcript shows minimum of 24 college credit hours with grades and GPA included)
- Two current recommendation letters (for new applicants only)
- One current recommendation letter (for prior Friends scholarship recipients only)
- Official ACT or SAT score

Mail your completed application to:

Great River Friends (Eastman Plaza Suite 012)

Attn: Scholarship Committee

1221 S. Gear Ave.

West Burlington, IA 52655

Applications must be postmarked no later than February 15.

For questions, email Friends@grhs.net. Put "scholarships" in the subject line.