

HIGH SCHOOL SCHOLARSHIP APPLICATION

Great River 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).

Complete all sections. All information is confidential. *Please print.*

APPLICANT INFORMATION			
Name	First	Middle or Initial	Last
Mailing Address (Number and Street or Box)			
City		State	Zip Code
Date of Birth		Home Phone	
Email		Cell Phone	
FAMILY/GUARDIAN INFORMATION			
Father/guardian name			
Father's full address			
Father's occupation		Father's employer	
Mother/guardian name			
Mother's full address			
Mother's occupation		Mother's employer	
Number of dependent children in your family (including you):		Number of dependent children in college next year (including you):	
Father's phone:		Mother's phone:	
SCHOOL INFORMATION			
High school **		Location	
Class rank		Number of students in graduating class	
Cumulative high school GPA		ACT composite score	SAT composite score
College you plan to attend		College location	
Major		Career goal	

****You must include a copy of your high school transcript and two current recommendation letters with your application to be considered by the Great River Friends Scholarship Committee.**

EMPLOYMENT INFORMATION

Your employer	Work experience
Your estimated yearly income \$	Hours worked per week

Use extra sheets for information as needed.

SCHOOL ACTIVITIES

Organization/Events	Role	Date

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 _____

Parent/guardian signature _____ Date _____

(see next page for instructions)

Please read carefully. Keep this page for your records.

This scholarship is for graduating high school students entering a **field of study in health care.**

Applications must be postmarked no later than February 15.

The scholarship must be used for the academic year awarded. 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
- Two current recommendation letters
- 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.