



A service of Great River Health Systems

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). 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/guardian name _____ Address _____

Father's occupation and employer _____

Mother/guardian name _____ Address _____

Mother'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 _____

You must attach a copy of your high-school transcript to this application to be considered by the Great River Friends Scholarship Committee.

College you plan to attend _____ Location _____

Major _____ Career goal _____

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. For questions, contact us at: 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 _____