

## This scholarship will be awarded to a high school senior who:

- Plans to attend college with a career goal in the healthcare field (including, but not limited to medicine, nursing, laboratory, radiology, respiratory, pharmacy, physical/occupational/speech therapy, dietetics, coding, technology, EMT, paramedic, etc)
- Has an average GPA of 3.0 or above (<u>please submit transcripts with the application</u>)
- Has a financial need for college tuition

| Parsonal Inf | armation: |
|--------------|-----------|

| Name:   | Date of Birth:           |           |
|---|--------------------------|-----------|
| Street Address:   | City:                    | Zip Code: |
| Cell Phone: E   | mail Address:            |           |
| Legal Guardian/s:   |                          |           |
| Name:   | Phone Number:            |           |
| Occupation:   | <u>-</u>                 |           |
| Name:   | Phone Number:            |           |
| Occupation:   | ·····                    |           |
| Interview:  |                          |           |
| What field of healthcare are you interested in and why? _ |                          |           |
|   |                          |           |
| What college or university have you been accepted to atte | end?                     |           |
| Why did you choose this school?                           |                          |           |
|   |                          |           |
| What are your favorite hobbies?                           |                          |           |
|   |                          |           |
| What accomplishment/achievement/award/honor are yo        | u most proud of and why? |           |
|   |                          |           |
|   |                          |           |

Please attach a separate one-page letter describing past goals you set and have achieved and outlining goals you have for your future.

Return this application by April 20<sup>th</sup> to: HMH, attention Crystle Arnold, 1210 KY Highway 36 E, Cynthiana, KY 41031 or, email to carnold@hmhosp.org