



SHENANDOAH MEDICAL CENTER FOUNDATION SCHOLARSHIP APPLICATION

Please complete the application completely without skipping questions. Applications with missing and/or incomplete information will not be considered.

BACKGROUND INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Application Date: _____

Name(s) of Parent(s)/Guardian(s): _____

Phone Number: _____ Email: _____

SCHOOL INFORMATION

High School Attended: _____ Grade Point Average (GPA): _____

Students in Graduating Class: _____ Class Rank: _____

ACT Cumulative Score: _____ Date of Test: _____

Other Test Scores: _____

Attach copies of High School and College (if applicable) transcripts.

ACTIVITIES OF PARTICIPATION

Leadership Positions: _____

Volunteer Projects: _____

Community Activities: _____

COLLEGES OF CONSIDERATION

School Name: _____ Location: _____ Applied and/or Accepted: _____

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REFERENCES

Enclose three letters of reference from employers, teachers or mentors that can attest to your character, scholastic achievement and worthiness of a scholarship. At least one reference must be from a community member not affiliated with the school you attend. References from family members are discouraged.

ESSAY

Submit an essay of no more than 500 words describing the healthcare field you are pursuing and your career goals.

Return application by April 25 to the Shenandoah Medical Center Foundation, 300 Pershing Ave., Shenandoah, IA 51601

Signature of Applicant

Date