



## Great River Friends 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 Medical Center's service area (approximately a 60-mile radius of Burlington).

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

| <b>APPLICANT INFORMATION</b>                                 |  |
|--|--|
| 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   |
| <b>FAMILY/GUARDIAN INFORMATION</b>                           |  |
| 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:  |
| <b>SCHOOL INFORMATION</b>                                    |  |
| High school **   | Location   |
| Class rank   | Number of students in graduating class                             |
| Cumulative high school GPA                                   | College location   |
| College you plan to attend                                   | Career goal  |
| Major  |  |

**\*\*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<br>\$ | 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**.

Student must be enrolled as a full-time student (minimum 12 credit hours).

**Applications must be postmarked no later than March 1.**

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

**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 March 1.**

For questions, email [Friends@grhs.net](mailto:Friends@grhs.net). Put “scholarships” in the subject line.