

Hospital Club of Connellsville

This form is to be completed by all senior students who have been accepted at an institution of higher learning in a health related field. All information presented below will be considered confidential and will only be given to members of the committee to review the information.

Name: _____ Date: _____

Course in School: _____ Class Rank: _____ G.P.A. _____

Parents' Names: _____

Address: _____ Phone: _____

Occupation of Parents: Mother: _____

Father: _____

Siblings:	<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Place of Residence</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What post-secondary school you will attend? _____

State briefly why you have chosen your intended field of study:

(use back page if necessary)

In your own words, how would this scholarship benefit you? _____

(use back page if necessary)

Applications due by: _____

Letters of reference will be accepted