

**All applications need to be filled in electronically. Handwritten applications will not be accepted.
Please attach additional pages if you need more space.**

Last Name:		First Name:		
Address:				
City:		State:		Zip:
Phone:		Email:		
High School:				Number of years attended:
Graduation Date:		Grade Point Average (GPA) <i>Attach proof of GPA. Your most recent Official school transcript required</i>		
College:				Start Date:
<i>Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds</i>				
I will be entering the above-mentioned school as a Freshman Sophomore Junior Senior				
What specialty/major do you plan to major in as you continue your education?				
Contact Information of parent(s) or legal guardian(s)				
Name:				
Address:				
City		State		Zip
Phone:		Email:		
Other High Schools Attended (Name, City, and State)				Number of years attended
List the name of any college you have attended	Start Date	End Date	Year Graduated	Type of Degree

<p>What are your educational and professional goals and objectives?</p>	
<p>List your academic honors, awards & membership activities while in high school or college</p>	
<p>List your community service activities, hobbies, outside interests, and extracurricular activities:</p>	

Application must be received by April 30, 2019 at 3:00PM or it will be disqualified.

Any questions, please contact Jill Rogers at 641-743-7262 or
jrogers@adaircountyhealthsystem.org

Checklist for Completed Application

- Completed application
- 2 letters of recommendation (school, employer, community leader)
- Copy of most recent transcript
- Proof of acceptance or current enrollment prior to funds being released

Signature: _____

Date: _____