

**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, 2020 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: _____