

## PARTNERS SCHOLARSHIP APPLICATION

Scholarship Deadline Date: Monday, March 27, 2023

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INSTRUCTIONS: Please type or clearly print the information requested below.	
Applicant's Name:	
Home Address:	
	City) (State) (Zip Code)
Email:	Telephone Number: ( ) -
High School Name:	
Guidance Counselor's Name:	
GPA (must be 3.0 or above):	ACT Score:
I will be enrolled at the following school during the 2022-2023 academic year:	
*Proof of acceptance (i.e., copy of acceptance letter) from the school listed above is required	
Health Care Field Course of Study:	
Required Documents  □ ESSAY: Please write a 1-2 page essay about yourself, addressing the following items:	
<ul> <li>Why do you wish to pursue a health care career and what are your goals?</li> <li>What qualifications (educationally) are needed for this career?</li> <li>Explain why you feel your personality and achievements are compatible with the needs of this career?</li> <li>Describe any experiences you have had in the health care field.</li> <li>Discuss your involvement with leadership roles at school.</li> <li>Describe your community service involvement.</li> </ul>	
<ul> <li>□ TRANSCRIPT &amp; ACT SCORE: Provide a copy of your transce &amp; ACT score report.</li> <li>□ ATTENDANCE RECORD: Provide a copy of your school attendance record.</li> <li>□ LETTER OF RECOMMENDATION: Provide 1 letter of recommendation.</li> <li>□ PROOF OF ACCEPTANCE: Provide proof of acceptance into post-secondary school listed above.</li> <li>□ SENIOR PHOTO: Provide 1 senior photo.</li> </ul>	must be received by Monday, March 27, 2023.  Mail to:  Marti Post, Compliance & Privacy Officer Crossing Rivers Health c/o Partners Scholarship Committee
All INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND MY APPLICATION AND SUPPORTING DOCUMENTATION BECOMES THE PROPERTY OF CROSSING RIVERS HEALTH.	
Applicant's Signature	DATE
Parent or Guardian's Signature	DATE
Principal or Counselor's Signature	DATE