



GRADUATING HIGH SCHOOL SENIOR SCHOLARSHIP APPLICATION

Patients First Health Care Educational Foundation, Inc. is a not-for-profit entity of Patients First Health Care, LLC. The foundation is pleased to offer various scholarship opportunities. Applications must be mailed to Patients First Health Care Educational Foundation, Attn: Cara Knox, 901 Patients First Drive, Washington, MO 63090 by February 29, 2012. Recipients will be announced in late spring.

Requirements

- **Successful applicants must meet the following requirements:**
 1. **Graduating high school senior with a 3.0 GPA or better.**
 2. **Applicant seeking education in a health-related occupation.**
 3. **Applicant must live within the Patients First service area.**
 4. **Financial need.**
- **All relevant sections of the scholarship application must be completed.**
- **Attach a copy of your high school (seven semester) transcript.**
- **Scholarships require full-time college attendance, and are for one year.**

BIOGRAPHICAL INFORMATION

Name:

SSN:

Address:

Date of Birth:

Phone:

High School Attended:

Father's Name:

Occupation:

Address:

Mother's Name:

Occupation:

Address:

Are you a U.S. Citizen? Yes () No () Missouri Resident? Yes () No ()

ACADEMIC RECORD --- High School Counselor Must Complete***

Is this student an A+ or potential A+ student? Yes () No ()

Class Rank:

Cumulative GPA:
(On a 4.0 Scale)

ACT Composite Score:

***High School Counselor Signature: _____

ACADEMIC HONORS/AWARDS: (List honors/awards you have received, i.e., Scholar Bowl, Boy's/Girl's State Rep, Sports Awards, etc.)

ACTIVITIES/ORGANIZATIONS: (Include athletic teams, band, and clubs. List the years you participated and offices held.)

Example: Student Council 9,10,11 Class Rep, Secretary

COMMUNITY SERVICE: (Include church activities and civic events, i.e., Habitat for Humanity, Scouts, 4-H, Youth Groups, choirs, etc.)

WORK EXPERIENCE:

<i>Employer</i>	<i>Dates</i>	<i>Job Title</i>	<i>Duties</i>
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FINANCIAL NEED: In the space provided, please indicate the adjusted gross income of the parents you have lived with for the past year:

Total number of family members living at home:

Total number of family members attending college:

Please list the name and amount of any scholarships or grants that you have received:

COLLEGE PLANS:

What college or vocational school do you plan to attend? List:

Have you applied for admission? Yes () No ()

Have you been accepted? Yes () No ()

What are your career objectives/goals? List:

APPLICANT PROFILE:

Describe the health-related occupation you have chosen to pursue.

Why have you chosen this particular field?

Are there previous experiences or events that have led you to this decision?

I hereby certify that the information submitted on this application is, to the best of my knowledge, true and correct. I understand that any information that is not true will disqualify me from consideration for a scholarship.

Student Signature

Date
