



List your school activities, organizations and leadership positions or offices. Attach a separate sheet if needed.

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List your community activities, organizations and leadership positions or offices, such as church, scouts, 4-H and volunteer services. Attach a separate sheet if needed.

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Other information or circumstances (such as a family situation) you think would help the Scholarship Committee in the selection process.

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Your employer or work experience \_\_\_\_\_

Your estimated yearly income \$ \_\_\_\_\_ Hours worked per week \_\_\_\_\_

**Please read carefully and sign and date the application.**

- High School Scholarships are for students entering a **field of study in health care.**
- Scholarships must be used for the academic year awarded and are not renewable. Failure to use the scholarship will result in its forfeiture unless a deferral is granted by the Scholarship Committee.
- Half of the scholarship is available for each semester and must be requested separately. The college or student must provide a course schedule and evidence of registration to Great River Friends each semester before funds will be released. **Payments will be made directly to the college.**
- Scholarship applications must be **postmarked no later than March 15** to be considered by the committee.
- **Attach a copy of your high-school transcript and mail to:**  
Great River Friends  
Attn: Scholarship Committee  
1221 S. Gear Ave.  
West Burlington, IA 52655
- Scholarship winners will be notified by April 15.
- More information about Great River Friends and Great River Medical Center is available at [www.greatrivermedical.org](http://www.greatrivermedical.org).

If I am awarded a scholarship, I will supply a wallet-sized color or black-and-white photograph. I grant permission for a publicity release that may include my name, picture, field of study and amount of my scholarship.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_