

Please type or print.

PROGRAM OF STUDY

Indicate the program in which you are enrolled.

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinical laboratory science | <input type="checkbox"/> Nursing (master's degree) | <input type="checkbox"/> Physician assistant |
| <input type="checkbox"/> Diagnostic imaging | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Respiratory therapy |
| <input type="checkbox"/> Medical school | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Nursing (associate's degree) | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nursing (bachelor's degree) | | |

Anticipated graduation date _____

Current year (*circle*) Freshman Sophomore Junior Senior Other _____

APPLICANT INFORMATION

Name (Last, First, Middle Initial) _____

Maiden name/other names used _____	Telephone () _____
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Mailing address _____	City _____	State _____	Zip _____
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Email address _____	Cell phone () _____
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Permanent mailing address _____	City _____	State _____	Zip _____
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Where do you want scholarship correspondence sent? (Check all that apply) Email Current Address Permanent Address

EDUCATION

IMPORTANT: Please submit all transcripts for each secondary and post-secondary academic institutions attended. If you have a GED, include the transcript with signature. High school transcripts are not required if proof of 24 college-credit hours with grades and GPA are sent.

High school, location _____	Graduation date _____
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College/university, location _____	Dates attended _____	Hours _____	Graduation date _____	Degree earned _____
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College/university, location _____	Dates attended _____	Hours _____	Graduation date _____	Degree earned _____
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College/university, location _____	Dates attended _____	Hours _____	Graduation date _____	Degree earned _____
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If additional space is needed, please attach a separate sheet.

EMPLOYMENT AND FINANCIAL AID

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job title: Start date	Are you receiving any financial aid or scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:
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Name and address of employer	Tuition \$ _____
	Room and board \$ _____

CAREER GOALS AND ACTIVITIES

List extracurricular and community activities such as athletics, clubs, fine arts, internships, organizations and volunteer activities. Please note leadership and other roles for each. If additional space is needed, please attach a separate sheet.

Why should you be selected to receive this scholarship? If additional space is needed, please attach a separate sheet.

APPLICANT

Please read carefully, then sign and date the application.

- This scholarship is for students who have completed their freshman year of college. They must be studying a health-care career.
- Applications must be postmarked no later than February 15.
- The scholarship must be used within one year.
- One half of the scholarship will be awarded each semester. Recipients must request payment directly to the college each semester. Students must provide a course schedule and evidence of registration.
- Scholarships not used within one year will be forfeited unless the Great River Friends Scholarship Committee grants a deferral.
- Please make sure your application is complete:
 - ø All sections completed
 - ø Signature and date completed
 - ø Transcripts enclosed

Signature: _____ Date: _____