

Healthcare Scholarship Application Please check the scholarship(s) that you would like to apply for and are qualified for: ☐ EMH Healthcare Scholarship ☐ Anne Byrom Memorial Nursing Scholarship ☐ EMRMC Auxiliary Healthcare Scholarship ☐ EMRMC Auxiliary Teen Scholarship ☐ Fort Logan Auxiliary Healthcare Scholarship ☐ Fort Logan Auxiliary Teen Scholarship ☐ Keith and Vicki A. Darnell Scholarship ☐ EMJB Haggin Auxiliary Scholarship ☐ Sherry Colleen Durbin Scholarship Please submit the completed application by *March 15th* to: Volunteer Services, Ephraim McDowell Health, 217 South Third Street, Danville, KY 40422. Telephone (859) 239-4785, Fax (859) 239-6720. Please attach a transcript of high school and college work completed including ACT (minimum score of 21) or SAT results (minimum score of 1,000), and three letters of reference (two from instructors or faculty members and one from a guidance counselor or your academic advisor). Please also list your volunteer and/or extracurricular activities. Documentation of Acceptance to College and/or professional health career program must be submitted prior to the awarding of a scholarship. Name: _____ Social Security Number: ____ Mailing Address: Street or Route City State Zip County Home Phone #: _() Cell Phone : _() Date of Birth: _____ Place of Employment: _____ High School: Graduation Date: _____ Email Address: Have you taken the ACT and/or SAT? ☐ Yes ☐ No If so, what is your composite score? _____ (ACT must be 21 or above. SAT must be 1,000 or above) Where do you rank in your high school class? _____ GPA: ____ Do you have a parent currently working for an Ephraim McDowell Health facility? ☐ Yes ☐ No If yes, please list your parent's name(s): Have you attended college or vocational school? ☐ Yes ☐ No If yes, please complete the information requested below: College/Vocational School: _____ City, State: _____ Dates Attended: Degree/Diploma:

Please check the following classes y	vou have completed:	
☐ High School Algebra I	☐ High School Algebra II	☐ High School Chemistry
□ College Algebra	☐ College Chemistry	☐ College Anatomy
Please indicate which program you	intend to study:	
☐ 2-yr Nursing Degree	☐ 4-yr Nursing Degree	☐ Respiratory Therapy
□ Pharmacy	☐ Radiologic Technology	☐ Surgical Technology
☐ Medical Laboratory Technology	☐ Medical Technology	☐ Occupational Therapy
☐ Physical Therapy Assistant	☐ Physical Therapy	☐ Pre-Med
☐ Speech Therapy	☐ Other:	
(Dentistry and Veterinarian Medicine are n	ot acceptable degrees for these school	larships.)
School you will be attending:	l you will be attending: Date of Enrollment:	
I verify that all the information give	n above is true and accurate.	
Signature		Date
-		Revised 2/8/20