



Healthcare Scholarship Application

Please mark the scholarship(s) that you would like to apply for and are qualified for:

- | | |
|---|---|
| <input type="checkbox"/> Sherry Colleen Durbin Memorial Scholarship | <input type="checkbox"/> EMJB Haggin Auxiliary Scholarship |
| <input type="checkbox"/> Keith & Vicki A. Darnell Scholarship | <input type="checkbox"/> EMJB Haggin Auxiliary Haggin Team Member Scholarship |
| <input type="checkbox"/> EMH Healthcare Scholarship | <input type="checkbox"/> EMRMC Auxiliary Teen Scholarship |
| <input type="checkbox"/> Ft. Logan Auxiliary Healthcare Scholarship | <input type="checkbox"/> Ft. Logan Auxiliary Teen Scholarship |
| <input type="checkbox"/> EMRMC Auxiliary Healthcare Scholarship | |

Please submit the completed application by **March 15th** to: Human Resources, Ephraim McDowell Health, 217 South Third Street, Danville, KY 40422. Telephone (859) 239-3453, Fax (859) 239-6740. Please attach a transcript of high school and college work completed including ACT results (minimum score of 21), and three letters of recommendation (two from instructors or faculty members and one from a guidance counselor or your academic advisor). Please also attach a list of 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: _____
Last First MI

Mailing Address: _____
Street/Route City State Zip County

Home Phone #: () _____ Cell Phone.#: () _____

Date of Birth: _____ Place of Employment: _____

High School: _____ Graduation Date: _____
Name and City

Have you taken the ACT and/or SAT? Yes _____ No _____ If so, what is your composite score? _____
(ACT must be 21 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: _____

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 you 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 not acceptable degrees for this scholarship)

School you will be attending: _____ Date of Enrollment: _____

Please type or print an explanation no longer than 500 words describing why you have chosen a program of study in the healthcare field. You may attach additional sheets if needed.

I verify that all of the information stated above is true and accurate.

_____ Signature

_____ Date