

**All applications need to be filled in electronically. Handwritten applications will not be accepted.
Please attach additional pages if you need more space.**

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

High School: _____ **Number of years attended:** _____

Graduation Date: _____ **Grade Point Average (GPA)** _____
Attach proof of GPA. Your most recent Official school transcript required

College: _____ **Start Date:** _____
Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds

I will be entering the above-mentioned school as a **Freshman** **Sophomore** **Junior** **Senior**

What specialty/major do you plan to major in as you continue your education? _____

Contact Information of parent(s) or legal guardian(s)

Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone: _____ **Email:** _____

Other High Schools Attended (Name, City, and State) **Number of years attended**

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List the name of any college you have attended	Start Date	End Date	Year Graduated	Type of Degree
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<p>What are your educational and professional goals and objectives?</p>	
<p>List your academic honors, awards & membership activities while in high school or college</p>	
<p>List your community service activities, hobbies, outside interests, and extracurricular activities:</p>	

Application must be received by April 16, 2018 at 3:00PM or it will be disqualified.

Any questions, please contact Erika Mensing at 641-743-7222 or emensing@adaircountyhealthsystem.org

Checklist for Completed Application

- Completed application
- 2 letters of recommendation (school, employer, community leader)
- Copy of most recent transcript
- Proof of acceptance or current enrollment prior to funds being released

Signature: _____

Date: _____