



## Healthcare Scholarship Application

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

- |  |  |
|--|--|
| <input type="checkbox"/> EMH Healthcare Scholarship                  | <input type="checkbox"/> Anne Byrom Memorial Nursing Scholarship |
| <input type="checkbox"/> EMRMC Auxiliary Healthcare Scholarship      | <input type="checkbox"/> EMRMC Auxiliary Teen Scholarship        |
| <input type="checkbox"/> Fort Logan Auxiliary Healthcare Scholarship | <input type="checkbox"/> Fort Logan Auxiliary Teen Scholarship   |
| <input type="checkbox"/> Keith and Vicki A. Darnell Scholarship      | <input type="checkbox"/> EMJB Haggin Auxiliary Scholarship       |
| <input type="checkbox"/> Sherry Colleen Durbin Scholarship           |  |

Please submit the completed application by ***March 31st*** 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: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
Street or Route City State Zip County

Home Phone #: ( ) \_\_\_\_\_ Cell Phone : ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Name and City

Personal 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.)

What is your high school Class Ranking? \_\_\_\_\_ 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: \_\_\_\_\_

