



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 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: _____
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

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: _____

