



**Living Meadows
2019 Health Care Career Scholarship Application**

Applications for the 2019 scholarships are due to Living Meadows by Friday,
May 4 2019. Scholarship recipients will be notified by May 12, 2019.

Please Print

Name _____
Last Name First Name Initial

Permanent address

Street City State Zip

Home phone number _____ Cell phone number _____

Parent or guardian **(required if minor)**

Name _____

Address _____
Street City State Zip

Applicant Signature

Parent Signature (if minor)

Date

For office use only
Scholarship received (Date) _____
Copy of official transcript received _____
Personal statement received: _____

Date of birth: _____

High school graduated from/presently attending: _____

High school graduation date: _____

Formal name of college you attend or plan to attend: _____

Address of college

Phone number of college: _____

Planned area of study: _____

Have you made an application for admission to this school? _____

Have you been accepted for admission or when did you start school? _____

List financial aid programs you have applied for:

List any employment experiences:

Employer	Dates of employment	Position	Hours per week
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List paid and unpaid experiences that demonstrate your interest and commitment to a health care career.

High school extracurricular activities.

Church, community service and civic activities:

Which church do you attend? _____

Honors and achievements.

Please list three references (teachers, counselors, employers – please do not include relatives)

Name	Relationship	Phone
_____	_____	_____

Name	Relationship	Phone
_____	_____	_____

Name	Relationship	Phone
_____	_____	_____

In a personal statement please explain:

- 1) Why you are planning a career in health care?
- 2) What are your professional goals?

Use additional paper....maximum of one 8 ½ x 11 page

Required attachments:

- 1) Official copy of grade transcript from the school you are currently attending
- 2) Personal Statement