



GRANT MEMORIAL HOSPITAL HIGH SCHOOL SCHOLARSHIP GUIDELINES

Grant Memorial Hospital's mission is to provide the residents of the Tri County area a level of health care services that is responsive to the community's need. The delivery of these services is through a network of professional service providers that encompasses physicians, nurses, therapists, pharmacists, laboratory medical technologists, radiology technologists, social workers and technical professionals. In order to sustain a satisfactory level of professional staff to provide these services in our community, the Hospital is providing several scholarships to graduating seniors and college students who are interested in pursuing a healthcare career.

In order to receive consideration for a scholarship, applicants must complete the attached application form and be pursuing a healthcare related career. No scholarship funding will be awarded until the recipient provides proof of acceptance and enrollment in an accredited college/university.

Grant Memorial Hospital does not discriminate on the basis of race, color, creed, religion, national origin, sex, marital status or disability. All decisions relating to the granting of the scholarship shall rest with the Grant Memorial Hospital Administration.

High School Applications must be received by May 3, 2019 and should be mailed to the attention of:

**Ronnie Arbaugh
Human Resource Manager
Grant Memorial Hospital
PO Box 1019
Petersburg, WV 26847**

Grant Memorial Hospital High School Scholarship Application

Section A – Personal Information

1. Name _____
2. Social Security Number ____-____-____ ____-____ ____-____-____-____
3. Address _____

4. Telephone number _____
5. Date of Birth _____
6. Number of people in family _____ Number of people in family in college _____
7. Name of Parent/Guardian _____

Section B – Academic/Scholastic Information

1. Cumulative grade-point average _____
2. Name the high school advanced placement and/or college classes you have taken _____

3. Extra-curricular activities in high school _____

4. List honors and/or awards received while in high school _____

5. Colleges you have applied or been accepted to _____

****Application should be typed or printed clearly****

6. Other scholarships for which you have applied _____

Section C – Community Activities/Employment Information

1. Community services in which you are involved _____

2. Are you employed? _____ If yes, where do you work and how many hours per week? _____

Section D – Life Goals

1. The health care professions encompass a number of sciences. Which science do you plan to study? _____
2. Explain why you have chosen this particular field of study? Was anyone particularly influential in this decision?

(Please attach a carefully written or typed answer to your scholarship application.)

3. A copy of your high school transcript and ACT/SAT scores must be attached to this application for it to be considered eligible for scholarship consideration.

I/we certify that all the information on this form is true and complete to the best of my/our knowledge.

Applicant's signature

Date

Parent/guardian's signature

Date

******Application should be typed or printed clearly******