



ALLIED HEALTHCARE SCHOLARSHIP APPLICATION

Name: _____ Phone: _____

Email: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

High School: _____

Year Graduated: _____ High School GPA: _____ College GPA: _____

College attending for this scholarship: _____

Enrollment Status: New College Student Continuing Student

Course of Study: _____ Date Enrolled: _____

Course Length: _____ Estimated Completion Date: _____

Are you proficient in more than one language? No Yes

If yes, which language other than English: _____

Please attach the following:

1. Two letters of recommendation from non-relatives
2. Copy of your most recent transcripts (high school or college) showing a cumulative GPA of 3.0 or higher
3. Resume or summary of your academic history, honors and awards, extracurricular activities and volunteer work
4. 200-500 word essay describing your reasons for choosing a career in healthcare and your life experiences that have prepared you for the degree program of your choice

I attest that all information given in this application is accurate, current and complete:

Signature of Applicant

Date