

Tahlequah Hospital Foundation Health Care Scholarship Application

Application Deadline: **April 11** High School Attending: Tahlequah Hulbert Locust Grove
 Keys Sequoyah Fort Gibson

This scholarship is for students pursuing a Health Care Certification or Degree. Scholarships are awarded using information provided on this application. Students will not be considered for scholarship awards unless they complete this application form in its entirety and submit the requested attachments.

Applicant Information

Name:	Email:
Mailing Address:	City:
State:	Zip:
Phone No.: ()	U.S. Citizen: Yes No
Ethnicity/Race Select all that apply: Caucasian Hispanic or Latino Asian or Pacific Islander American Indian or Alaskan Native African American Do not wish to respond	
Are you 18 years old? Yes No	

Northeastern Health System Information

Are you related to an employee of Northeastern Health System? Yes No

If yes, please give name and relationship: _____

Are you or have you ever worked in a health-related occupation? Yes No

If yes, please explain: _____

Do you plan to work while attending school? Yes No If yes, how many hours per week? _____

Have you read the Agreement you will be asked to sign if you are awarded a scholarship? Yes No

High School Information

GPA:	ACT/SAT Score:
Favorite Class:	Awards:
Extra-Curricular/Clubs/Sports:	

References

Name (of person who IS a relative)

Relationship

()

Phone Number (include area code)

Name (of person who IS NOT a relative)

Relationship

()

Phone Number (include area code)

Leadership Activities

In school

In the community

Attachments

Scholarship Essay

Attach a one-page essay describing how a scholarship would help you obtain your education and professional goals. Identify your goals and needs clearly.

Transcript

Attach a certified copy of your most recent high school transcript.

Letters of Recommendation

Attach three letters of recommendation. These letters should not be from any relative.

Letter of Thanks to the Foundation

If selected for a scholarship, I agree to write a thank you letter to the Foundation upon receipt of the award and to attend a Foundation hosted event recognizing recipients.

Signature

I certify that the above information is accurate to the best of my ability. I authorize the Tahlequah Hospital Foundation, Northeastern Health System, and my high school to share information in order to determine my eligibility for this scholarship.

Signature

Date

Return to:

Northeastern Health System

Attn: HR – Scholarship Application

PO Box 1008, Tahlequah, OK 74465-1008