

Ruth Hollis Healthcare Scholarship Foundation Application

(Please Type or Print Information requested on this document)

Name: _____

Present Address: _____

Phone: _____

Permanent Address: (if different than above) _____

1. What healthcare field do you plan to study? _____

Length of course or program: _____

2. Name of school you plan to attend: _____

Have you been accepted? Yes No Comments: _____

Estimated cost of tuition, books and registration for the school year? _____

3. FINANCIAL SUPPORT

Have you received a financial aid award letter from the college or vo-tech you are planning to attend:

Yes No If yes, please include a copy.

4. EDUCATION

High school or equivalent: Name _____

College Name: _____

(If attended previously) Grade Point Average: _____ Degree Received: _____

Major: _____ Minor: _____

Other education: _____

5. List areas of community service that you have been involved with: _____

6. List work experiences: _____

7. REFERENCES - List three references, other than relatives:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

8. **YOUR HEALTHCARE CAREER** - Please briefly state your healthcare career plans; the reason why you chose this profession; where you plan to work after completion of your professional training or program and how you believe receiving this scholarship will assist you. (Please type on a separate sheet and attach)

9. **AGREEMENT** - It is my intention to complete my education as outlined in this application. I agree to inform the Scholarship Foundation immediately of any decision that I may make concerning changes in my education plans. I understand that his scholarship will be discontinued if my plans change to the extent that the purposes of this scholarship are not met. I further agree that this application and all credentials submitted by me and others on my behalf will remain the property of the Ruth Hollis Healthcare Scholarship Foundation and be used only for the purpose of evaluating my application for this scholarship. I agree that the board can use my name in an publications in regards to the scholarship fund.

Applicant's Signature: _____ Date: _____

Send application & correspondence to: **Ruth Hollis Scholarship Fund**
P.O. Box 380
Cavalier, ND 58220