

# 2022 Gunnison Valley Hospital Scholarship Scholarship Application Form

Please complete this form and return it to your high school counselor along with:

- **A certified high school transcript,**
- **Two letters of recommendation (one from a recent teacher and one from a counselor, community leader or employer),**
- **Evidence of acceptance to an accredited college or university**
- **The essay described below.**

**SCHOLARSHIP APPLICATION FORM IS DUE APRIL 22, 2022**

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Career Goal / Desired Occupation: \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_

English ACT Score: \_\_\_\_ Math: \_\_\_\_ Reading: \_\_\_\_ Science: \_\_\_\_ Composite: \_\_\_\_

Name of College or University you will be attending for the upcoming school year:

\_\_\_\_\_

Intended / Declared Major: \_\_\_\_\_

List academic honors and year (list school grade level when received 10, 11, 12, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List acknowledgments of merit, or caliber, excellence and grade level when you received:

_____	_____
_____	_____
_____	_____

List your chief interests and activities in high school and grade level when you were involved in these activities:

_____	_____
_____	_____
_____	_____

List any community activities you have pursued including any jobs you have held and volunteer work, with corresponding dates:

_____	_____
_____	_____
_____	_____

**ESSAY:** The Gunnison Valley Hospital Scholarship is awarded to students exhibiting a strong interest and intent to study and pursue a career in healthcare. Please attach to this application a brief essay that will acquaint the selection committee with the nature of your interest in the medical field – what inspired your interest, what have you done to prepare yourself, what have you learned and accomplished already, and what your aspirations are in the medical field.

I certify that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_