

Fennimore Area Health Services

College Health Career Scholarship Application Form

For Students Currently Enrolled in a College Health Career Program

Name: _____

Address: _____

Phone: _____ email: _____

High School Attended: _____ HS Graduation date: _____

College Currently Enrolled In: _____

College Address: _____

Major Field of Study: _____

Intended College Graduation Date: _____

Address each of the following statements. Format: Typed. NO more than a one page answer per statement and more than one statement response can be on a page.

1. Explain why you are pursuing this career and any future goals related to it.
2. Explain school, family, work and/or community factors influencing this application.
3. State how this scholarship will help you achieve your goals:
4. List Two References. Name, address and phone numbers for each.

Applicant Signature: _____

Date: _____

- Attach the following documents:
1. Scholarship Application Form
 2. Copy of prior semester transcript
 3. College Faculty Recommendation Letter

Mail to: Fennimore Area Health Services
P.O. Box 196
Fennimore, WI 53809