

Fennimore Area Health Services
Health Career Scholarship Application

Name: _____ Date: _____

Address: _____

Phone: _____ Email : _____

High School Attended: _____ Graduation Date: _____

College currently enrolled in or plan to attend: _____

Intended major or field of study: _____

Intended graduation date: _____

Please Note: Additional information (beyond the limited space of the form) may be submitted on a separate document.

Extra-curricular activities (school, work and/or community):

References (2) (Name, address, and phone number):

Explain why/how you chose to pursue this career and any future goals related to it:

State how this scholarship will help you achieve your goals:

Applicant Signature: _____

Date: _____

Please submit application and a copy of school transcripts to:

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

Or, email to: fahsltd@gmail.com