

# 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