

Harrison County Hospital Foundation
\$1,000 Scholarship Application
2016

Name _____

Address _____
(Must reside in or attend school in Harrison or Crawford County, IN or Meade County, KY.)

Phone _____ Parent /Guardian _____

High School _____ Graduation Year _____
(Must be within last five years)

High School Diploma Type *Honors* _____ *Core* _____ *Regular* _____ *GED* _____

Cumulative GPA weighted _____ non-weighted _____

SAT score *Critical Reading* _____ *Math* _____ *Writing* _____ *Composite* _____

ACT score *English* _____ *Math* _____ *Reading* _____ *Science* _____ *Composite* _____

College/University you plan to attend _____

Major area of study _____

Have you been awarded any grants or scholarships for the upcoming school year? _____

Explain. _____

Please attach the following:

- A letter of intent describing your personal career goals and why you decided on a hospital/medical/healthcare related career.
- A list of extracurricular activities and interests.
- A transcript of grades from your high school/college, including SAT and/or ACT scores.
- A letter of recommendation from your high school guidance counselor or college/university advisor.
- A verification of acceptance to a college/university.

Mail application to: HCH Foundation Scholarship Committee
 1141 Hospital Drive NW
 Corydon, Indiana 47112

Application must be received by April 15, 2016.

The recipient will be notified of the award. The scholarship payment will be made to the student upon proof of registration from the school.

**Additional scholarship opportunities are available for Harrison
County residents who attend IU Southeast and Ivy Tech**
*Applications are available in the
IU Southeast and Ivy Tech Financial Aid Offices*