2017 GRRHN Scholarship Application

I, _____affirm that I plan to pursue a career as an EMT, CNA, or CMA and I plan to pursue employment in American Falls or Aberdeen at either: ☐ Power County Hospital District, ☐ Health West American Falls Clinic, ☐ Health West Aberdeen Clinic, ☐ Power County EMS, or ☐ Other healthcare organization _____.

Your email submission much contain this application form and all the additional materials in one, single attachment. Please combine ALL materials into one document (Word or PDF) before sending in your application. File size limit is 10MB. We will reply to your email to let you know that we have received your application – if you do not hear from us within one of submitting your application, please call Stephanie Heaton at (208) 232-7862 (Extension - 1129).

APPLICANT INFORMATION

Name (Last, Middle, First): _____

Mailing Address: _____

City/State/ZIP: _____

Permanent Address (if different than above): _____

Email: _____

Contact Phone: _____

SCHOOL INFORMATION

High School Name: _____City/State: _____

High School Cumulative GPA: _____Date of Graduation: _____

Please list the post-secondary institution you plan to attend: _____

Have you been accepted? ☐ Yes ☐ No

College Cumulative GPA (if applicable): _____

What certification do you plan to achieve? _____

If you are already in college, number of credits completed towards degree: _____

If you are already in college, anticipated date of graduation: _____

APPLICATION CHECKLIST

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR SCHOLARSHIP:

_____ This completed application form, signed and dated below. *Remove the Scholarship Fact Sheet before sending.*

_____ Copy of your most recent high school transcript, report card, or **unofficial/uncertified** college transcript

_____ Two Letters of Recommendation

_____ Written statement explaining why you think you should receive this scholarship and how it will help you reach your academic and career plans and dreams as a healthcare provider.

Missing materials will result in your application not being considered.

CERTIFICATION

☐ I understand the award of this scholarship requires me to complete a 6-month employment contract as described in the scholarship information sheet.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted.

Applicant's Signature (Typed or Written)_____**Date**_____

Notification letters will be mailed to awardees beginning August 1, 2017.