

Scholarship Application

The information strictly confiden	listed below will b tial. Attach addition	e used by the Ferrell Hospita nal sheets if necessary. Pleas	al Scholarship Committee and is se type or print clearly.
Name:	Last	First	Middle
Address:			
City/State/Zip: _			
Telephone:		Alternate Phone:	
Email address:_			
Graduation year	:		
Are you related	to a Ferrell Hospita	al employee? If so, who and	what is the relation?
Healthcare care	er you are pursuin	g:	
College you are	attending:		
Other financial a	aid that is expected	d or already received:	

Tell us about your extracurricular activities:
Tell us about your current involvement in our local community:
Attach a 1 page essay explaining why are you interested in the healthcare field of your choice and how you can help our local community by pursuing this career.
Please attach three recommendation letters from teachers, administrators, community members or healthcare professionals along with a current resume and a copy of your high school transcript. This must be submitted together to complete your application.
Chadaut Charakau
Student Signature Date
Please submit the application and supporting documentation to your guidance office or by emailing it to humanresources@ferrellhospital.org. Deadline to submit application packet is March 21.