



### Applicant Information

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	Zip	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	
<input type="text"/>	<input type="text"/>	
Email	Date of Birth	
<input type="text"/>	<input type="text"/>	

### High School Information

Graduating High School	GPA (please include transcript)
<input type="text"/>	<input type="text"/>

### Intended Post-Education School/Program

School Name		
<input type="text"/>		
School Address	Zip	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>
School Phone	Counselor/Contact Email	
<input type="text"/>	<input type="text"/>	
Area of Study (must be healthcare related)		
<input type="text"/>		

### Additional Information

Extracurricular Activities, Volunteer Work, Customer Service, etc.

Short Essay Question: *Tell us how you would benefit from a scholarship within your healthcare career of choice.*

\*Please return via email to Randi Jonas, MHA -Medical Staff Coordinator at [rjonas@hdh.org](mailto:rjonas@hdh.org) by **March 1st**.