



Medical Staff Scholarship Application

Applicant Information

First Name

MI

Last Name

Home Address

Zip

City/State

Home Phone

Cell Phone

Email

Date of Birth

High School Information

Graduating High School

GPA (please include transcript)

Intended Post-Education School/Program

School Name

School Address

Zip

City/State

School Phone

Counselor/Contact Email

Area of Study (must be healthcare related)

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@hdc.org by **March 1st**.