



SCHOLARSHIP APPLICATION – 2019

All information is due Friday, March 15, 2019

Applicant Name: _____

High School: _____

SAT or ACT Score: _____ High School Graduation date: _____

College/University you are planning to attend: _____

Major field of study: _____

Year in college during the 2018-19 academic year:

____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate

Will you be attending: ____ Full time or ____ Part time

Estimated cost of tuition per semester/year _____

When will you begin the semester / quarter? _____

When do you plan to graduate from college? _____

What is your GPA? _____ On what scale? _____

*** PLEASE ATTACH TRANSCRIPTS FROM YOUR CURRENT SCHOOL ***

Are you a resident of DeKalb County, Indiana ____ Yes ____ No

Home Address: _____

Phone Number: _____

Email Address: _____

Parent's Names _____

Do you have a parent working at DeKalb Health? ____ Yes ____ No

Student Signature: _____ **Date:** _____

DeKalb Health Foundation SCHOLARSHIP APPLICATION

EXTRACURRICULAR

Please list any extracurricular activities (use additional sheet if necessary)

HONORS / OFFICES

CAREER GOALS

Please write a paragraph telling us about your career goals in the space provided below or on an attached document.

REFERENCES

Please provide reference letters from two (2) people who are not related to you.

Your application and requested information may be sent to:
DeKalb Health Foundation, 1316 E. Seventh Street, Auburn, IN 46706.

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DEKALB HEALTH FOUNDATION CHARITY GOLF CLASSIC SCHOLARSHIP

Scholarships for students who are **pursuing a career in health care** will be made available using funds obtained from the DeKalb Health Foundation's annual Charity Golf Classic.

1. Eligibility: Must be a DeKalb County resident or dependent child of a DeKalb Health employee.
2. The student must be pursuing a **career in healthcare**.
3. Candidates will be selected based on the following criteria:
 - a. GPA/SAT or ACT score
 - b. two (2) letters of reference
 - c. extracurricular activities
 - d. short essay regarding career goals
 - e. acceptance by accredited college
4. Applications should be completed and returned to the DeKalb Health Foundation by **Friday, March 15, 2019**.
5. **The scholarship winners will be announced in May and the scholarship checks will be mailed in early August.**