



# Scholarship Application

The information listed below will be used by the Ferrell Hospital Scholarship Committee and is strictly confidential. Attach additional sheets if necessary. Please type or print clearly.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Graduation year: \_\_\_\_\_

Healthcare career you are pursuing:  
\_\_\_\_\_

College you are attending:  
\_\_\_\_\_

Tell us about your extracurricular activities:

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Tell us about your current involvement in our local community:

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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.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**\*Please submit the application and supporting documentation to your guidance office or by emailing it to [humanresources@ferrellhospital.org](mailto:humanresources@ferrellhospital.org).\***