



*2018 Diversity Healthcare Career Scholarship
Application*

Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Address: _____

City/State/Zip Code: _____

E-mail Address: _____

Area of Healthcare Study: _____

Name of School Attending: _____

Address: _____

City/State/Zip Code: _____

Anticipated Graduation Date: _____

Minority student's race/ethnic identification (see definitions in program description document):

___ African American /Black

___ Asian American

___ Hispanic American

___ Native American

___ Two or More races/ethnicities noted above

Student Signature: _____

Parent Signature: _____
(if under 18)

Mail application, essay, and evidence of current GPA of 3.0 or better to **FHN Human Resources** 1045 W. Stephenson St. Freeport, IL 61032. Submissions must be postmarked by **September 7, 2018**. Finalists will be notified and scheduled for interviews during October-November. A minority student selected to receive the scholarship shall be responsible for all tax consequences arising from the scholarship.