



2018 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: _____

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.