

Healthcare Scholarship Application
from
Wabash General Hospital

Name: _____

Address: _____

Phone: _____

Email: _____

High School you attend: _____

GPA: _____

Extracurricular activities: _____

College you plan to attend: _____

Has acceptance been confirmed: **YES** **NO**

Education being pursued by applicant: _____

What has led you to choose an education in healthcare? _____

Do you plan to work while attending school?

- FULL TIME
- PART TIME
- NO

Why should you receive this scholarship? (Please attach additional pages if needed) _____

Applicant Signature: _____ Date: _____

**Please return to Danielle Stevens – dstevens@wabashgeneral.com or 1418
College Drive, Mt. Carmel, IL 62863 – by April 30, 2022**