



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
High School \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Parents or Guardian' names \_\_\_\_\_

Please list your volunteer service at Jones Regional Medical Center:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class rank \_\_\_\_\_

GPA \_\_\_\_\_

School activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Community activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special awards or honors you have received \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Discuss your future plans to pursue a healthcare education and career and why you deserve this scholarship (200 words or less) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please email your completed scholarship application, along with a letter of recommendation from a teacher or school counselor, to [JRMC\\_Foundation@unitypoint.org](mailto:JRMC_Foundation@unitypoint.org) by Friday, April 5, 2019. Thank you.