



GRANT MEMORIAL HOSPITAL

## **GRANT MEMORIAL HOSPITAL HIGH SCHOOL SCHOLARSHIP GUIDELINES**

Grant Memorial Hospital's mission is to provide the residents of the Tri County area a level of health care services that is responsive to the community's need. The delivery of these services is through a network of professional service providers that encompasses physicians, nurses, therapists, pharmacists, laboratory medical technologists, radiology technologists, social workers and technical professionals. In order to sustain a satisfactory level of professional staff to provide these services in our community, the Hospital is providing several scholarships to graduating seniors and college students who are interested in pursuing a healthcare career.

In order to receive consideration for a scholarship, applicants must complete the attached application form and be pursuing a healthcare related career. No scholarship funding will be awarded until the recipient provides proof of acceptance and enrollment in an accredited college/university.

Grant Memorial Hospital does not discriminate on the basis of race, color, creed, religion, national origin, sex, marital status or disability. All decisions relating to the granting of the scholarship shall rest with the Grant Memorial Hospital Administration.

**High School Applications must be received by May 5, 2023 and should be mailed to the attention of:**

**Monica Brown  
Recruiter  
Grant Memorial Hospital  
117 Hospital Drive  
Petersburg, WV 26847**

# Grant Memorial Hospital High School Scholarship Application

## Section A – Personal Information

1. Name \_\_\_\_\_
2. Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ \_\_\_\_-\_\_\_\_ \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_
3. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Telephone number \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Number of people in family \_\_\_\_\_ Number of people in family in college \_\_\_\_\_
7. Name of Parent/Guardian \_\_\_\_\_

## Section B – Academic/Scholastic Information

1. Cumulative grade-point average \_\_\_\_\_
2. Name the high school advanced placement and/or college classes you have taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Extra-curricular activities in high school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. List honors and/or awards received while in high school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Colleges you have applied or been accepted to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other scholarships for which you have applied \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C – Community Activities/Employment Information**

1. Community services in which you are involved \_\_\_\_\_  
\_\_\_\_\_
2. Are you employed? \_\_\_\_\_ If yes, where do you work and how many hours per week? \_\_\_\_\_

**Section D – Life Goals**

1. The health care professions encompass a number of sciences. Which science do you plan to study? \_\_\_\_\_
2. Explain why you have chosen this particular field of study? Was anyone particularly influential in this decision?

*(Please attach a carefully written or typed answer to your scholarship application.)*

**3. A copy of your high school transcript and ACT/SAT scores must be attached to this application for it to be considered eligible for scholarship consideration.**

I/we certify that all the information on this form is true and complete to the best of my/our knowledge.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date

**\*\*\*\*Application should be typed or printed clearly\*\*\*\***