

Nursing & Healthcare Excellence Scholarship High School Application

Please print clearly.

Student at _____ High School

Applicant Full Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Parent or Guardian: _____

Is your parent or guardian an employee of Allegan Healthcare Group? Yes No
(Some scholarship awards are specifically designated for this purpose)

If yes, please list the parent's name and department at Allegan Healthcare Group:

Name of educational institution: _____

Chosen area of study: _____

Leading to a degree? If so, state degree: _____

Have you been accepted to this school? YES NO Are you enrolled for classes? YES NO

Student ID #, if known: _____ Expected Graduation Date: _____

When will classes begin? _____ Date tuition is due: _____

Mailing address for Financial Aid Office: _____

City: _____ State: _____ Zip: _____

Have you applied for a scholarship from any other source? YES NO
(If yes, state source(s) in the comments section.)

Have you/your family submitted a FAFSA application? YES NO

Comments: _____

MANDATORY APPLICATION REQUIREMENTS

- In a brief essay no longer than one page, please tell us why you are applying for this scholarship and if received, what you hope to accomplish in the future with your studies in healthcare.
- Please include **two** letters of reference from teachers or school officials.
- Please include your **official** high school transcripts.

Scholarships are awarded based on merit, need and availability of funds. Please note that incomplete applications will not be eligible for review by the AGH Foundation Scholarship Selection Committee.

I attest that the above information is correct to the best of my knowledge. In the event I am awarded an Educational Scholarship, I give the AGH Foundation permission to submit a media release with my photograph and information I have furnished.

Signature of Applicant: _____ Date Signed: _____

Please submit completed applications and supporting documentation to:

Allegan General Hospital Foundation
555 Linn Street
Allegan, Michigan 49010
Telephone: 269.686.4234
Email: foundation@ag Hosp.com

*Applications are accepted at any time. For consideration during our Spring Round, **applications must be submitted by the third Friday in APRIL.** If you are awarded a scholarship, we will try our best to present the award before the tuition due date. In some cases, you may have to pay tuition ahead of time. Also, if you are awarded a scholarship, we will apply your award to the upcoming Fall Semester unless otherwise noted on your application.*