

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: _____

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 at dstevens@wabashgeneral.com by March 22, 2024.