

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](mailto:dstevens@wabashgeneral.com) or 1418  
College Drive, Mt. Carmel, IL 62863 – by April 30, 2022**