

Healthcare Scholarship Application
from
Wabash General Hospital and Southeast Illinois Area Health Education Center (AHEC)

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)

Have you participated in any activities led or sponsored by AHEC (Area Health Education Center?) If yes, what?

Applicant Signature: _____ Date: _____

Please return completed applications to Heather Greenwood at
hgreenwood@wabashgeneral.com by March 21, 2025.