



Healthcare Administration Degree Programs Scholarship Application

Please print out this form and complete all sections of it before returning a copy of it via email (scholarships@healthcare-administration-degree.net) with the rest of the application requirements. **The deadline for submission is May 15th or October 15th.**

All application requirements are as follows:

- A copy of this completed application form as an email attachment.
- Proof of U.S. Citizenship as an email attachment.
- One (1) cover letter and resume; two (2) letters of recommendation; and one (1) 500 – 1000 word personal essay about why you've chosen the healthcare administration or management field.
- (Optional): A photo of yourself to be used in promotional materials in the event you are selected.
- Official transcripts and ACT/SAT scores emailed by a school official to scholarships@healthcare-administration-degree.net

SECTION 1 – PERSONAL INFORMATION

Name:	Date of Birth:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Student ID# (if applicable):
Campus address:	Permanent address:
Campus Phone:	Home/Cell Phone:
Email address:	

SECTION 2 – ACADEMIC INFORMATION

Name of High School: _____

GPA: _____ High School Rank: _____ out of _____

SAT/ACT Scores: _____

Anticipated/Current College Major(s): _____

SECTION 3 –ACTIVITIES AND INTERESTS

A. List and briefly describe your high school extracurricular activities (e.g. memberships in organizations, sports, etc.):

Organization Involved	Position Held	Date of Involvement

Brief description of your responsibilities:

B. List and briefly describe volunteer activities in which you have been involved:

Organization	Activity	Date of Involvement

Brief description of how you participated:

C. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

Award/Honor	Institution/Organization	Date

D. List and briefly describe any work experience:

Position	Employer	Dates of Employment

Brief description of your work responsibilities:

E. Is there any other information that we should know about you? This is your opportunity to include information that is not contained in other areas of the application. Please be specific.

Applicant Certification:

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I hereby grant permission to the Healthcare Administration Degree Programs Scholarship Committee to contact my school if necessary, and to use my name and likeness in promotional materials in the event that I am selected to receive a scholarship award.

Signature of Applicant _____
Date_____