

## 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](mailto:scholarships@healthcare-administration-degree.net)) with the rest of the application requirements. **The deadlines for submission are May 15<sup>th</sup> and October 15<sup>th</sup>.**

All application requirements are as follows:

- A copy of this completed application form as an email attachment.
- One (1) cover letter and resume; two current (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.
- Transcripts and ACT/SAT scores emailed by a school official to [scholarships@healthcare-administration-degree.net](mailto:scholarships@healthcare-administration-degree.net). (College sophomores and beyond need not submit copies of test scores). Official transcripts emailed by a school official are preferred, but unofficial copies are accepted.

### SECTION 1 – PERSONAL INFORMATION

Name:	Date of Birth:
Gender:	Student ID# (if applicable):
Campus address:	Permanent address:
Email address:	
By signing here, I attest that I am a U.S. Citizen:	

### 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 or college extracurricular activities (e.g. memberships in organizations, sports, etc.):

Organization Involved	Position Held	Date(s) of Involvement

Brief description of your responsibilities for above:

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

Organization	Activity	Date(s) of Involvement

Brief description of how you participated in above:

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 \_\_\_\_\_