

# Spectrum Health Zeeland Community Hospital Service League Healthcare Scholarships

## Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Information about you:

High School: \_\_\_\_\_  
eligible to student graduates from any area high school

Graduation date: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

College planning to attend: \_\_\_\_\_

Expected start date: \_\_\_\_\_ Degree Program: \_\_\_\_\_

If currently attending college, number of credits completed: \_\_\_\_\_

### Information about your family:

Father's name: \_\_\_\_\_ Father's occupation: \_\_\_\_\_

Father's employer: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Mother's employer: \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

### Please attach:

1. Transcript of your academic record.
2. Letter of acceptance from an accredited college indicating your choice of study.
3. Two letters of recommendation, at least one from a faculty member.
4. A letter - one page covering achievements, activities, community services, future career goals, and why you feel you should receive this scholarship.

**All applications must be mailed and postmarked no later than Thursday, March 31, 2017.**

**Mail applications to: Anita Johnson, 1572 Lakeside Drive, Hudsonville, MI 49426**

For further information call Michele Sisson at 616.772.7581, Spectrum Health Zeeland Community Hospital.

This scholarship is made possible by a donation to the Spectrum Health Foundation Zeeland Community Hospital by the Service League of Volunteers.