

BEAR LAKE VALLEY HEALTH CARE FOUNDATION SCHOLARSHIP

For High School Seniors pursuing a career in **Health Care**

Name: _____ Birth date: _____ GPA: _____

Address: _____ Phone: _____ Email: _____

Post-secondary institution you plan on attending _____ Estimated Starting Date: _____

Name of parent or guardian: _____ **(Attach additional pages if needed)**

Extracurricular Participation: Drama, Music, Athletics, community service project etc.

Describe your educational and career goals after high school:

List honors, awards, accomplishments, health care experience and include any leadership positions you have held:

Please describe: yourself, personality, interests, goals, ambitions, etc.

Signature of Applicant: _____

Date: _____

Please return completed form and attachments to Bear Lake Valley Health Care Foundation PO Box 364 Montpelier, ID.
Or drop off at Bear Lake Memorial Hospital, Attn: Tracy Park, no later than April 1st. Version 3/2018