

SCHOLARSHIP APPLICATION

Brookville Area, Redbank Valley, Clarion Limestone and East Forest High School Seniors interested in applying for the Penn Highlands Brookville \$500 Scholarship are to complete the application form below and submit the completed form, along with all specified documentation (including reference letters), no later than April 10, 2015, to:

Penn Highlands Brookville Attention: Donna Haney 100 Hospital Road Brookville, PA 15825

Last Name	First Name	Middle Initial	
Street or Box Number			
City	State	Zip Code	
Phone Number	E-mail Address		
High School	Ye	Year of Graduation	
Parents' Names List any family member relationship to you:	s who are employed by Penn H	Highlands Brookville and their	
List below the extra-cu	rricular and civic activities in v	vhich you have participated.	
<u>Activity</u>	Office held or Honors received		
A			
C			

D					
E					
F					
Please	check below the area of health car	e educatio	on you plan to pursue:		
	Registered Nurse (B.S.)		Medical Technology Degree		
	Registered Nurse (A.D.)		Radiology/Diagnostic Imaging		
	Licensed Practical Nurse		Surgical Technician		
	Medical Laboratory Technician		Respiratory Therapy Technician		
	Physician		Other health-related field.		
	Pharmacist		(Please specify)		
What school will you attend for post-secondary health care education?					
(Please attach copy of letter of acceptance)					
a caree Include Please	er in the health care profession you two letters of recommendation wi	have cho ith this ap de point a			
Date	 Арр	olicant's Si	gnature		