



PARKVIEW

HUNTINGTON FOUNDATION

PARKVIEW HUNTINGTON SPIRIT OF SERVICE SCHOLARSHIP

Applications due by: Wednesday, April 24, 2019

Two \$1,500 scholarships will be awarded for the 2019-2020 academic year.

Eligibility criteria:

- The applicant must be enrolled or plan to enroll in an accredited post-secondary educational institution.
- The applicant must be pursuing or plan to pursue a healthcare-related major/course of study.
- Recipient must enroll for the academic year for which the scholarship is awarded or the scholarship award will be revoked.

Applications are available at the Huntington North High School Guidance Office, from the Parkview Huntington Foundation office at Parkview Huntington Hospital, or online at Parkview.com/SpiritScholarship. Completed applications may be mailed to:

Parkview Huntington Spirit of Service Scholarship
c/o Mike Perkins
Parkview Huntington Hospital
2001 Stults Road
Huntington, IN 46750

or emailed to: mike.perkins@parkview.com

Completed applications must be at the foundation office no later than 5 p.m. Wednesday, April 24, 2019.

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Instructions for completing application

1. Application is to be completed by applicant.
2. Please type or print legibly.
3. Attach the following to completed application:
 - a. Two personal letters of reference not from family members.
 - b. A biographical statement, not to exceed 500 words, explaining why the applicant has chosen a medical-related course of study and detailing extracurricular school activities and/or pertinent involvement in community activities. Please include any special circumstances that might be helpful to those evaluating this application. (ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND ONLY SEEN BY THOSE ON THE SELECTION COMMITTEE)
4. Mail, email or deliver the completed application to: Parkview Huntington Foundation, 2001 Stults Rd, Huntington, IN 46750, to mike.perkins@parkview.com or to the Foundation office at Parkview Huntington Hospital.

APPLICATION DEADLINE IS APRIL 24, 2019

Applicant's name _____ Phone No. _____

Permanent Address _____

City _____ State ____ Zip _____

EDUCATIONAL INSTITUTION PRESENTLY ATTENDING OR PLANNING TO ATTEND

Institution's name _____

City, State _____

Your course of study _____

Degree sought _____ Anticipated date of completion: _____

Amount of tuition per semester \$ _____

Date payment must be made _____ Date semester begins _____