



**PARKVIEW HUNTINGTON SPIRIT OF SERVICE SCHOLARSHIP**

Applications due by: Friday, May 22, 2020

Two \$1,500 scholarships will be awarded for the 2020-2021 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 online at [www.parkview.com/SpiritScholarship](http://www.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](mailto:mike.perkins@parkview.com)

Completed applications must be at the foundation no later than 5 p.m. Friday, May 22, 2020.

*(please see next page)*

## PARKVIEW HUNTINGTON SPIRIT OF SERVICE SCHOLARSHIP

### 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 or email the completed application to: Parkview Huntington Foundation, 2001 Stults Rd, Huntington, IN 46750, or to [mike.perkins@parkview.com](mailto:mike.perkins@parkview.com).

### **APPLICATION DEADLINE IS MAY 22, 2020**

Applicant's name \_\_\_\_\_ Phone No. \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### **EDUCATIONAL INSTITUTION PRESENTLY ATTENDING OR PLANNING TO ATTEND**

Institution's name \_\_\_\_\_

City, State \_\_\_\_\_

Major course concentration \_\_\_\_\_

Years completed: Bachelor's \_\_\_\_ Master's \_\_\_\_ Doctorate \_\_\_\_

Anticipated date of completion: \_\_\_\_\_

Amount of tuition per semester \$ \_\_\_\_\_

Date payment must be made \_\_\_\_\_ Date semester begins \_\_\_\_\_