
JASPER HEALTH SCIENCE SCHOLARSHIP

PURPOSE: The Jasper Health Science Scholarship was established in 2013 with the purpose of affording a deserving student from Nation Ford High School the opportunity to continue his/her education in the health care field.

ELIGIBILITY: To be eligible, candidates shall be a graduating Nation Ford High School student which meets the following requirements:

- ☐ Participated in the intern Health Science program;
- ☐ Completed rotations through the Health Science class;
- ☐ Have been accepted at an accredited two or four-year institution of higher learning or technical college;
- ☐ Have a minimum 3.2 GPA (on weighted scale); and
- ☐ Provide a 250 word essay on the topic listed below
- ☐ Student involvement in extracurricular activities may be considered in the event of a tie.

SELECTION PROCESS: A committee composed of a Nation Ford High School administrator, a guidance counselor, scholarship sponsor, and the health science teacher will review applications and essays and select a winner.

Essays will remain anonymous to create a fair selection process.

AMOUNT: One \$500 scholarship.

APPLICATION: Applicants are to submit a 250 word essay covering: "Who or what has influenced you to continue your education in a health care field and how do you intend to serve your community with this career? What are your plans for education after high school? What are your career plans? How do you intend to serve your community with this career?" Return your application and essay to Guidance **no later than March 15, 2017.**

DISBURSEMENT: The scholarship check will be made payable and sent directly to the university or college upon receipt of the Student Scholarship Acceptance Form (provided at award notification). Recipients will be announced at the Nation Ford High School Academic Awards in May.

Jasper Health Science Scholarship Application

Name (print) _____

Address _____

Home Phone # & Cell #'s _____

Email Address _____

Parent's Names _____

School of Study/Curriculum Cluster _____

Grade Point Average & SAT/ACT Score _____

Health Science Courses, year, and grade received:

Course	Year	Grade Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extracurricular Activities (list or attach separately) _____

University, College or Technical School You Plan to Attend _____

Intended Major _____

Career Plans _____

I, (the applicant) do hereby attest that to the best of my knowledge the information on the application and associated attachments is true and correct.

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____