



1600 N. Second, Clinton, MO 64735 (660) 890-7108

Zeta Gilvin Healthcare Scholarship Application

Please read the instructions on page 3 before submitting.

Full name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Email: _____

Name of parent/guardian (if applicable): _____

Address: _____

City/State/Zip: _____ Phone: _____

High school last attended: _____

City/State: _____

Year of graduation: _____ GPA: _____

ACT score: _____ Class rank: _____

Additional education and certifications: _____

School/community activities and awards received: _____

Other scholarships and grants received: _____

Name and address of healthcare program to which you have been accepted: _____

Degree or certification to be earned: _____

Date coursework begins: _____ Date coursework will be completed: _____



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Recent employment history:

<u>Employer</u>	<u>Address</u>	<u>Phone #</u>	<u>Dates</u>	<u>Position</u>

Character references (not relatives):

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Occupation</u>
1. _____			
2. _____			
3. _____			

Are you or your parent/guardian able to pay your full expenses for your education and/or training?

_____ Yes _____ No If no, what percent of expenses could you/they pay? _____

In one paragraph, please explain why you want to pursue a healthcare career and what goal(s) you want to accomplish.

Signature: _____

Date: _____

Zeta Gilvin Healthcare Scholarship Instructions

When you apply, please include the following:

1. A copy of your high school transcript;
2. A copy of your transcript for any other post-secondary healthcare training you have received;
3. A copy of your entrance examination test scores for the current program if applicable;
4. Proof of acceptance into a professional healthcare program;
5. A schedule of student fees and/or estimated expenses usually provided by the school.

The information you provide will be kept confidential and shared only with those individuals involved in the approval and/or payment of this scholarship unless otherwise directed by you in writing.

Please call 660-890-7108 with questions. Submit required information to the Golden Valley Memorial Hospital Foundation by the established deadline.

By mail: GVMH Foundation
 1600 N. Second
 Clinton, MO 64735

By email as a PDF: foundation@gvmh.org

In person: Golden Valley Memorial Hospital
 Human Resources