

**MARION MEMORIAL HEALTH FOUNDATION  
Scholarship Application Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Names of parents or guardian(s): \_\_\_\_\_

High school currently attending: \_\_\_\_\_

School you plan to attend: \_\_\_\_\_

In what human health or science-related field(s) or activities have you been involved in as an employee, volunteer or for recreation? \_\_\_\_\_

What particular qualifications do you feel you have for the occupation you have chosen?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*This application form, personal letter, three letters of recommendation (at least 1 from an academic teacher), High School transcript (include GPA & class rank), SAT or ACT score, and proof of admission to college must be submitted to the Guidance Department by February 7, 2020. The Guidance Counselor will then return the completed application to:*

MARION MEMORIAL HEALTH FOUNDATION BOARD  
c/o Heartland Regional Medical Center  
Administration – Becki Arnold  
3333 West DeYoung  
Marion, IL 62959

**All applications are due to Heartland Regional Medical Center by February 14, 2020.**

\*Please use additional paper if more writing space is needed.