



2024 Scholarship Application - Cleveland High School; Senior Class of 2024

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Do you plan to enter the medical field? YES NO

College to Attend: _____

Course of Study: _____

Estimated Start Date: _____

Current Education

High School: _____ GPA: _____

Extra-Curricular Activities:

Received Awards or Honors:

Other Scholarships Received:

References

Please list your 2 recommendation letter writers' contact information:

Full Name: _____ Relationship: _____
Workplace: _____ Phone: _____

Full Name: _____ Relationship: _____
Workplace: _____ Phone: _____

Signature: _____ Date: _____

PLEASE ALSO SUBMIT:

1. A short essay over your personal, educational, and career goals. You may also include any other pertinent information about yourself. *(200 word count minimum)*
2. Two letters of recommendation from teachers, counselors, or other mentors.
3. For consideration of scholarship, please return or mail this application along with requested documentation **no later than March 29, 2024 to:**

Shelley Siler

Cleveland Area Hospital
1401 West Pawnee Street,
Cleveland, OK 74020
918-358-2501 Ext. 4617