



## 2023 Scholarship Application

### 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 31, 2023 to:**

**Shelley Siler**

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