

VANCREST HEALTH CARE CENTER MEMORAIL REQUIREMENTS

1. Type of Scholarship

One-year scholarship in the amount of 500,00.

2. Who May Apply?

Any boy or girl who is a graduating senior of Eaton High School, and who will pursue an undergraduate degree at an accredited two or four year college or university in the area of Health Care.

3. What Are The Requirements:

A. Attitudes and Activities - Applicant shall have demonstrated by participation in extra-curricular activities and any other activities, he/she possess the personal, physical, and mental qualifications and attitudes which are requisite to becoming a success.

B. Must have two recommendations (one being from a teacher) turned in with the application.

4. Payment

A. Upon proof of enrollment to the student's accredited school, the student will receive scholarship money at the awards ceremony. Proof of enrollment can be provided to the guidance office.

5. Approval

The scholarship selection committee shall be made up of administration staff at Vancrest Health Care Center.

VANCREST HEALTH CARE CENTER MEMORIAL SCHOLARSHIP

This form, completely filled in, and two letters of recommendation must be filed in the Guidance Office by _____ of each year.

Please answer all questions with careful and accurate detail. Have your guidance counselor insert your rank in class and sign the attached sheet.

NAME IN FULL _____

ADDRESS _____
(Street) (City) (State) (Zip)

INTENDED MAJOR IN COLLEGE:

Please explain why you have chosen this particular field of study and what you hope to accomplish.

Describe all important activities, honors, prizes, scholarship ratings, or any other recognition received in high school, in your community, or your church. Please attach additional sheets as needed.

RECOMMENDATION FORMS GIVEN TO:

1. _____ 2. _____

COUNSELOR STATEMENT: PLEASE ATTACH A TRANSCRIPT

_____ rank _____ in a class of _____ with a GPA of _____.
ACT Composite _____

Signature of High School Counselor -
