



HealthStar Foundation Scholarship Program Application

Type or Print in ink. All information on the application must be completed and received by the HealthStar Foundation Board of Directors by the April 1 deadline. The awards are competitive and are subject to availability of funding.

Parent/Guardian Information

1. Name _____ 2. Social Security No. _____
3. Date of Birth _____ 4. Gender _____ Male _____ Female
5. Permanent address _____
Street _____ City _____ ST _____ Zip _____
6. Telephone _____ 7. Email address _____
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Parent/Guardian Information

8. Parent/Guardian name _____
9. Relationship to applicant _____ 10. Home telephone no. _____
11. Permanent address _____
Street _____ City _____ ST _____ Zip _____
12. Employer _____ 13. Employer telephone no. _____
14. Employer address _____
Street _____ City _____ ST _____ Zip _____

High School Information

15. Where did or where will you receive your diploma? _____
16. School address _____
17. When did or when will you graduate? _____
18. List your ACT score _____ or SAT score _____
19. What is your grade point average? _____

College/University information

20. Institution I plan to attend _____

High School Certification

I have reviewed the foregoing completed application. I hereby certify that the GPA and ACT/SAT scores are correct. I also certify, to the best of my knowledge, that the information is accurate and complete. Further, based upon my knowledge of this student, I believe the applicant shows good promise of academic achievement in college.

_____ Signature of High School Official

_____ Date signed

_____ Printed name of High School Official

_____ Title

_____ High School Phone Number

Certification of Applicant

I understand that the application must be completed in full and received by the Healthstar Foundation board of Directors by the April 1 deadline. I certify that I have read this application in full and it is accurate and complete to the best of my knowledge. I do hereby declare my intent to enter into the healthcare field. I further understand that I will be eligible to receive the scholarship for more than one year, if I am a full time student with a 3.0 college grade point average. I understand that an incomplete application will not be considered.

_____ Signature of Applicant

_____ Date Signed