

Hansen Family Hospital Foundation Auxiliary Legacy Scholarship Application

****Unless noted, all scholarship applications are due by April 1st of the respective year.****

Name:

Home Address:

City: State: Zip Code:

Telephone Number:

Parent(s) or Guardian(s):

Parent/Guardian Address:

High School Attended:

Date of Graduation: Current GPA:

Name of College/University you plan to attend:

City and State:

Area of Healthcare you intend to study:

Please submit your responses on a separate document to the following:

- Please explain why you want to pursue a career in this field of study.
- Please list your qualifications for this scholarship, including personal attributes you feel will help you attain your career goal.

Feel free to attach additional documents you feel are important for the committee's consideration.

Please return your completed application and a transcript to Hansen Family Hospital Foundation, 920 South Oak Street, Iowa Falls, IA 50126.

Hansen Family Hospital Foundation **Auxiliary Legacy** **Scholarship Application**