



## 2025 Garfield Memorial Hospital High School Scholarship Application

Garfield Memorial Hospital and its Board of Trustees is pleased to offer a scholarship program to assist our youth pursuing a degree in one of the following fields: nursing, pharmacy, imaging, laboratory, dietician, medical coding, clinical social work, physical therapy, occupational therapy, speech therapy or a medical degree. Eight \$1000 scholarships will be awarded to students attending Bryce Valley, Escalante, Panguitch, or Piute High Schools. With one \$1000 scholarship awarded to non-traditional students (past graduates and/or residents of Garfield and Piute Counties) and one \$1000 Marnie Blevins scholarship.

### ELIGIBILITY:

- 1) Applicant must be graduating from one of the above-mentioned high schools.
- 2) Applicant must have a declared intent to pursue a degree in the medical field.
- 3) Applicant must complete this application in full and send it with your high school transcript and any other required attachments to be postmarked, delivered, emailed or faxed to **no later than April 25<sup>th</sup>, 2025 at 4:00 pm:**
- 4) Garfield Memorial Hospital

Attn: Cheryl Berry  
PO Box 389  
200 N 400 E  
Panguitch, UT 84759  
Email: [cheryl.berry@imail.org](mailto:cheryl.berry@imail.org)  
Fax: 435.676.1525  
Office: 435.676.1262

Proof of enrollment in a college/university will be required prior to award money being issued. Checks will be made payable to college/university.

Awards will be based on the following:

Academic (GPA – particularly math/science classes and ACT/SAT score); Essay; Awards; Extracurricular Activities; Leadership Skills

### APPLICANT INFORMATION:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

High School Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

High School cumulative GPA: \_\_\_\_\_ ACT or SAT score (combined): \_\_\_\_\_

College/University you plan to attend: \_\_\_\_\_ Have you been admitted: Yes No

Intended health care area of study/major: \_\_\_\_\_

Intended occupation after completing education: \_\_\_\_\_

**COPIES OF HIGH SCHOOL TRANSCRIPTS MUST BE SUBMITTED WITH THIS APPLICATION**

**AWARDS and HONORS:** List all awards and/or honors received in the last four years (i.e. Eagle Scout, etc) (attach an additional page if necessary):

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**EXTRACURRICULAR and COMMUNITY SERVICE ACTIVITIES:** List all extracurricular and community service activities from the last four years (attach an additional page if necessary):

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**LEADERSHIP:** List all leadership positions you have held from the past four years: (attach an additional page if necessary):

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**ESSAY QUESTION:** On a separate piece of paper complete an essay addressing your plans for your post high school education, including your plans for a career in the medical field, what your major is and why you are deserving of this scholarship.

I certify that the information in this application is true and that the attached essay is my own work. I acknowledge that the scholarship offer may be withdrawn if the application information is found to be misrepresented in any way. I understand that I must use these monies within three (3) years of being awarded or forfeit the opportunity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_