

JENSEN HEALTHCARE SCHOLARSHIP

About:

Jensen Optometrists, PLC provides a scholarship for college education for a graduating senior of Grinnell High School who has a particular interest in pursuing a career in health care. This would include but not limited to the professions of optometry, medicine, dentistry, podiatry, chiropractic, physical therapy, psychology, or nursing. The decision will be based on community service, GPA, and school activities.

Eligibility Requirements:

- Be a graduating senior from Grinnell High School
- GPA of at least 3.0
- Provide a typed, 1-page essay on why you want to pursue a career in healthcare
- Agree to a picture and news release to local media upon receipt of the award
- Agree to a picture display at Jensen Optometrists, LLC. Completed application materials
- Submit all application materials to the GHS Counseling Department by the determined deadline. No late applications will be accepted.

Scholarship Contact Information:

GHS Counseling Office
1333 Sunset st
Grinnell, IA 50112

Application Deadline: April 4th

JENSEN HEALTHCARE SCHOLARSHIP

A. General Information

First Name:	Last Name:
Personal Email Address:	
Mailing Address:	
Phone Number:	DOB:
Name of Parent(s)/Guardian(s):	

B. Educational Background

High School:		
Years Attended:	Cumulative GPA:	Class Rank:
Have you attended any other high schools in the past 4 years? If so, please list here:		

C. Future Plans

College you are planning to attend (or, college(s) you are strongly considering):	Applied:
Intended Major/Area of Study:	
Please list any other post-secondary plans you have at this time (work, Greek, involvement, etc.):	

D. Scholarship-Specific Information

Please share what your healthcare career goals are:

JENSEN HEALTHCARE SCHOLARSHIP

Community Volunteer Service- Please list and describe any service to school, church, clubs, community, and years involved:

School Activities: Please list any extracurricular activities you were involved in, years participated, and any honors received:

E. Disclaimer and Signature

I verify that the information provided in this application is accurate and the scholarship award money will be used to further my education in the field of special education. If my plans change after receiving the award, I agree to notify The ARC of Poweshiek County Scholarship Committee and forfeit the scholarship money received.

Name (Printed):

Date:

Signature: