Crete Area Health Care Foundation High School Scholarship Application

YOUR ADDRESS SCHOOOL PLANNING TO ATTEND		SCHOOL		
		CITY		ZIP
		PROGRAM OF STUDY		
CURREN	NT GPA			
A.	List any previous experience in health care (paid or volunteer):			
В.	What other financial assistance will you	ມ be receiving?		
C.	. Please submit a 250-300 word essay about why you have chosen a health care related field and how you hope to impact others.			
D.	Please include a resume of your high so	chool and work e	xperience.	
April 5	leted application must be received in the 5, 2019. Late applications will not be acce	epted. Send to tl		

Crete Area Health Care

Winners will be announced on May 8, 2019.