

Faith Regional Volunteer Services Scholarship for Employees of Faith Regional Health Services

Please complete, sign and return this form by August 1 (December 1st for second semester) to:

Geraldine Benton
507 E. Walnut
Norfolk, NE 68701

The information contained herein will be reviewed by the scholarship committee and treated in a strictly confidential manner.

1. Name in full _____
Last First Middle

2. Home address _____
Street City State

Zip Phone

3. Education _____
High School Graduated (year only)

College Graduated (year only)

Current GPA

4. Work Experience at Faith Regional Health Services:
Department _____ Length of Employment _____

5. What degree are you pursuing: _____

6. What college do you plan to attend and what course(s) will you be taking? _____

Starting Date _____ Length of Course(s) _____ # of credits _____

Tuition: _____ Registration and Book Costs: _____

7. Are you receiving any financial aid from Faith Regional Health Services? _____

8. Please write a paragraph to explain in your own words how the course(s) will help you in the medical career that you have chosen to pursue.

9. Please submit with this application one letter of recommendation from your supervisor.

Date _____ Signature _____