



The Kesha Young Health Careers Scholarship Program 2018 Application

Please print:

Name:		Soc. Sec. #	
Home Phone: ()		Cell Phone: ()	
Permanent (or home) address:			
City:		State:	Zip:
Mailing Address if different from above:			
High School:		High School Graduation Date (must be June 2018 or earlier):	
Did You Participate in Mission Possible: ____ Yes		____ No	When:
College/University planned to attend/attending THIS FALL:			
Have you been accepted? ____ Yes ____ No		Start Date:	Student ID Number:
Major course of study:		Anticipated Graduation Date:	
Have you applied for a scholarship with Mission Hospitals before? ____ Yes ____ No		Date:	
Have you been a recipient of a scholarship from Mission Hospitals before? Yes ____ No ____		When:	
How did you hear about the Kesha Young Health Careers Scholarship Program?			
List any members of your immediate family currently employed at Mission Health:			

The above information is true to the best of my knowledge.

Signature:	E-Mail Address:
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Completed Application, Along With All Required Documents Are Necessary for Continued Consideration and Must Be Received By The Application Deadline of Friday, April 27th.

Students must be graduating from high school this year, or already have their HS diploma/GED in order to be eligible.

Notification of scholarship recipients will be made by Friday, May 11th, 2018



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