

PHYSICIANS OF GREENE COUNTY SCHOLARSHIP APPLICATION

Please mail or email completed Application by March 31, 2021 to
Greene County General Hospital - Foundation, 1185 N 1000 W, Linton, IN 47441
or grace.cross@mygcgh.org

Please legibly print or type the following information in dark ink.

Name _____

Address _____

Phone _____ Email _____

Parent/Guardian _____

GPA: _____ Class Rank: _____

ECA- Passed Eng: Yes ___ No ___ Passed Alg: Yes ___ No ___

1. Currently Attending: High school _____ College _____

2. High school: _____

3. College you attend or plan to attend: _____

Have you been accepted: Yes _____ No _____

4. Anticipated College Major: _____

5. Prior Work Experience:

4. What do you hope to do once you earn your degree?

Please attach a copy of your official transcript.

Please attach a separate sheet listing extracurricular activities and volunteer experience.

Please attach one letter of recommendation.

By signing this form, you verify that all information included in your application is accurate.

Applicant _____ Date _____