

**APPLICATION FOR**  
**PARKVIEW HUNTINGTON HOSPITAL GUILD SCHOLARSHIP**

Applications are due by: March 31, 2016

Two \$1,000 scholarships will be awarded for the 2016-2017 school year with the following guidelines.

1. The applicant must be a relative of a current Guild member in good standing for at least one year prior to applying and/or a relative of a current PHH employee or volunteer.
2. It is preferred that the student should be enrolled in a health related field.
3. The recipients MUST complete the school year for which the scholarship is awarded or refund the money in case of early withdrawal from college.

Applications can be picked up at the Huntington North High School Guidance office. Applications are also available from the Parkview Huntington Hospital gift shop. Applications are to be received in the mail NO LATER THAN March 31<sup>st</sup>, 2016.

Completed applications must be sent to:

Parkview Huntington Hospital  
c/o Anne Malone, Guild President  
2001 Stults Rd  
Huntington, IN 46750

**PARKVIEW HUNTINGTON HOSPITAL GUILD SCHOLARSHIP**

Instructions for completing application

1. Application is to be completed by applicant.
2. Please type OR print clearly.
3. Attach the following to completed application:
  - a. Two character reference letters
  - b. A biographical statement, including educational background, extracurricular activities, GPA, SAT's, class rank, community involvement and other pertinent information about yourself. (ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND ONLY SEEN BY THOSE ON THE COMMITTEE.)
  - c. A recent photo
4. Please send your completed application to: PHH, c/o Anne Malone, 2001 Stults Rd, Huntington, IN 46750

**DEADLINE FOR APPLICATION IS MARCH 31, 2016**

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of PHH Guild member, PHH employee or volunteer sponsoring applicant and relationship

\_\_\_\_\_

Name of father or husband: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of mother or wife: \_\_\_\_\_ Phone # \_\_\_\_\_

**EDUCATIONAL INSTITUTION PRESENTLY ENROLLED IN OR ATTENDING**

Institution's name \_\_\_\_\_

City, State \_\_\_\_\_

Your course of study \_\_\_\_\_

Degree sought \_\_\_\_\_ Expected date of completion: \_\_\_\_\_

Amount of tuition per semester \$ \_\_\_\_\_

Date payment must be made \_\_\_\_\_ Date term begins \_\_\_\_\_