

Chesapeake Hospital Authority Scholarship Application

For students who are pursuing a career in the Healthcare industry – Applications must be post-marked by Friday, April 10, 2020

Full Name:				Cell Phone:		
Address:				Zip Code:	No. In Household:	
GPA:	SAT:	Class Rank:	High S	chool:		
-					How many years have you served?	
College wh	ere you have b	een accepted:				
Major you v	will be pursuin	ıg:				
Scholarship	os you have ap	plied to:				
Scholarship	os you have alr	eady received:				
List names	1	numbers of two people	e as characte	r references:		
					_ Date:	
1. Submit c	completed appli	cation packet to your Gu	idance Office	or mail applicat	ion packet directly to:	
			736 Battlefie Chesapeake,		abel	
		gh importance due to th or fold documents! Plea			Please paper clip all documents lowing order:	
	 Resume (Su Copy of Hig A one-page recipient of Full FAFSA Copy of an Number. 	typed response to the fol the Chesapeake Hospita report (All pages required acceptance letter into a c	ities, achievem Iready confider Ilowing questi I Authority Sc d) ollege program	ents, community subtially sealed in an on: Why do you holarship? m for the upcom		

If the packet received is not complete it will be eliminated from consideration. Late applications will not be accepted. Applicants will be notified by mail whether they have been awarded the scholarship or not.