## ADAMS COUNTY HEALTH CARE FOUNDATION SCHOLARSHIP APPLICATION

The Adams County Health Care Foundation (ACHCF) was established as a support organization for the county health-care entities. In addition, the Foundation is particularly interested in promoting educational opportunities for graduating seniors residing in Adams County who will be studying in the health-related professions in higher education.

In addition to scholarships for graduating seniors, we are also offering scholarships to college students from Adams County, who have recently completed at least one semester of classes in an accredited educational facility. Students must provide proof of successful completion of that semester. All students are eligible for a total of three annual scholarships. The amount of a scholarship awarded is proportional to the number of credits the student is taking in a semester. Applications will be voted on by the ACHCF Board

The application considers academic history, community volunteer work, extra-curricular school activities and leadership positions held. Neatness of the application will also be taken into consideration. Applications MUST be submitted by March 15, 2019 to Lynn Siegel at 1102 Buckboard Way McCall, ID 83638. Please call (208)741-0308 if you have questions.

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In order to complete this application, you will need to:

- 1. Attach a copy of your current resume in standard format. Be sure your resume also includes:
  - A. your cumulative GPA, high school or college
  - B. honors and awards you have received during your secondary or college education
  - C. extra curricular activities you have participated in
  - D. community service projects you have been involved in.
- 2. Write one to two pages <u>in narrative form</u> responding to the following questions:
  - A. What were some of your favorite classes in high school or college?
  - B. What will be/has been your major field of study in college, and what motivated you to choose this major?
  - C. Discuss your future plans, i.e., short- and long-term goals.
  - D. Why would you like to receive this scholarship?
  - E. Include full name, mailing address and phone number where you can be reached.