Greene County General Hospital

1185 N 1000 W
Linton, IN 47441

PHYSICIANS OF GREENE COUNTY SCHOLARSHIP APPLICATION

Please return or mail completed Application by April 15, 2018 to
Greene County General Hospital - Administration, 1185 N 1000 W, Linton, IN 47441

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_____