

**College OF Southern Idaho  
Health Sciences and Human Services Department**

Scholarship Application  
**For Fall 2003**

**Do not turn in this application unless a transcript is attached!**

A **transcript**, with cumulative grade point average recorded by an official school representative, must be attached with this application. You need to request your transcript at the records office 24 hours **before** you want to pick it up. It does **not** have to be a sealed copy. **Copies sent directly from records will not be accepted.** This application must be on file with the HSHS department by July 15, 2003.

Return this form and the transcript to:  
HSHS Department  
Scholarship Committee  
Alice Trabert or Janet Milligan

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**Circle your area of study:**

- |                    |                  |
|--------------------|------------------|
| ? A.D.N. Freshman  | ? EMT            |
| ? A.D.N. Sophomore | ? Human Services |
| ? PN               | ? Paramedic      |
| ? Surgical tech    | ? Dental tech    |
| ? Med. Assist      | ? Radiology tech |

Name: \_\_\_\_\_

Area of Study: \_\_\_\_\_

SSN \_\_\_\_\_ Student ID number \_\_\_\_\_

Address \_\_\_\_\_

City/ state \_\_\_\_\_ Phone \_\_\_\_\_

**Leadership:**

Please list your areas of leadership or involvement in class, school or community organizations, awards and honors.

**Financial Information:**

Please provide us with information that might help us understand your need.

**Statement by applicant:**

Write about yourself and your future goals in your profession.

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_