

## SCHOLARSHIP APPLICATION

“The HealthForce Scholars Scholarship”

Scholarship awards are available for high school students accepted to an accredited college, university, or vocational-technical school. Scholarship awards are based on meeting the requirements listed below.

### Eligibility Requirements:

- Be a Junior Medical Academy youth program participant or volunteer, mentor, or assist with a HealthForce program.
- Be enrolled in a certificate program, college, university, or medical school with a focus on a healthcare-related field.
- Commit to serving a rural community after completing your training.
- Commit to donating back to the HealthForce Scholars fund once you have become a healthcare professional.
- Stay in communication with HealthForce about your academic and career journey.

### Application Package Requirements:

- High school transcript
- Write a short response (no more than 500 words) for *each* of the following:
  1. Describe your experience participating with the Junior Medical Academy.
  2. Why is access to healthcare in rural communities important?
  3. If awarded the scholarship, how do you plan to utilize it?
  4. Describe your vision for short-term and long-term career goals.
- Scholarships are awarded based on a variety of factors including participation in the Junior Medical Academy program.
- As evaluators assess your application and short responses, they will look for completeness of the responses in relation to the questions asked above.

***Completed application package must be submitted no later than 5:00 pm April 11<sup>th</sup>, 2025 (PDF format preferred) to:  
larissa@hfpartnerships.com***

**1. Applicant Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Code*

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Evening Phone \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**2. School Enrolled** (*certificate program or college*)

Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*City State Zip Code*

Phone: \_\_\_\_\_

Have you ever participated in the Junior Medical Academy?	Volunteer <input type="checkbox"/>	Student <input type="checkbox"/>	If yes, when? _____
	Yes	No	
Are you in the Academy of Health Science?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Does anyone in your immediate family work in healthcare?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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